

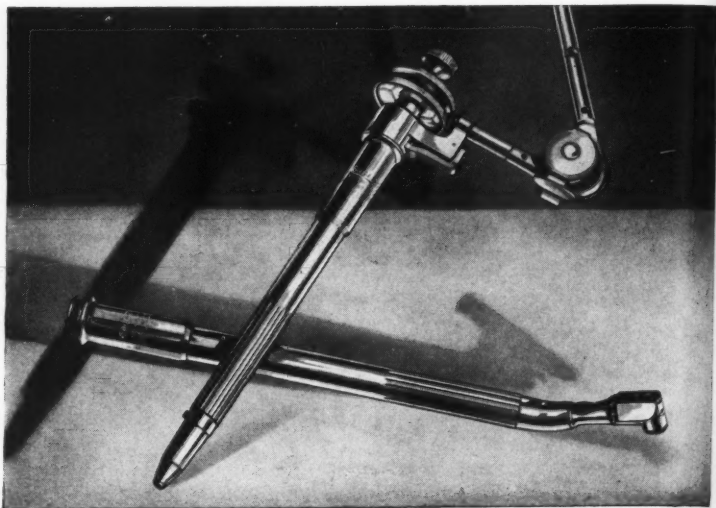
UNIVERSITY OF ALABAMA  
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OCT 12 1936

# ORAL

# HYGIENE

OCTOBER, 1936

Largest audited circulation to  
American Practicing Dentists  
Member Controlled Circulation Audit, Inc.



**Choose a Sani-Terry Handpiece for smoothness  
in operation and resistance to wear.**

Accurate parts, accurately assembled assure the smooth operation of Sani-Terry Handpieces and their freedom from vibration. They cause the least possible discomfort to the patient and a minimum of fatigue for the operator.

Keep your handpieces  
at their best with

**Solubri**  
MADE IN U.S.A.

Solubri Cleaner removes all dirt and debris from the handpiece. Solubri Oil prevents wear, postpones repairs.

Wide mouth bottles allow the contra-angle to be immersed for cleaning and lubrication.



**THE CLEVELAND DENTAL MFG. CO.**  
**CLEVELAND, OHIO, U. S. A.**



# They Say

"... the improved format of Oral Hygiene is very attractive and lends a great deal to its readability and the impression it must create in the minds of its readers."

—G. F. PENNY, Adv. Mgr., Cook-Waite.

●

"I like it. I like to see anyone break away from an old tradition if that old tradition stands in the way of progress, and the new Oral Hygiene looks as if it were stepping out and going places."—ALLAN BROWN, Adv. Mgr., Bakelite Corp.

●

"The new cover design, increased size, and other improvements in Oral Hygiene very much dignify it and its contents. It looks heaps better. We can entirely appreciate your elation in O.H.'s new package because our company not long ago completely changed over to its new package. Unquestionably reader interest in the redesigned Oral Hygiene will be stimulated with great benefit to the advertisers."—P. J. SHEA, Adv. Mgr., Detroit Dental.

●

"I like it a very great deal . . . Your new pet is a decided improvement . . . and you are to be congratulated."—DR. L. W. DUNHAM, Adv. Mgr., Dentists' Supply Co.

"The September Oral Hygiene came in this morning, and I want to be among the first to congratulate you upon the new size and dress . . . The new Oral Hygiene, inside and out, is a big improvement, and you are fully justified in crowing a bit."—H. R. STURGEON, Beeson Agency.

●  
"I want to congratulate you on the new Oral Hygiene . . . very swell looking in its new dress."—DOUGLAS TAYLOR, Vice President, Printers' Ink.

●  
"Well, when the September issue reached my office yesterday, I was so favorably impressed with its new style, cover, spacious pages, type arrangement, etc., that I carried it home so Mrs. Wilson could enjoy the surprise with me."—FRED C. WILSON, Corega.

●  
"It is always nice when a ball player gets a hit (August O.H. cover) to follow it up with a home run (new September O.H.) and that appears to be what you have done with the last two issues of Oral Hygiene."—W. B. TANNER, Addison Vars, Advertising Agency.

●  
"‘More spacious pages’—beautiful and impressive. ‘Deeper margins’—quite attractive. ‘New type dress’—readable and interesting."—THEODORE E. ASH, Adv. Agency.

●  
"This certainly is a vast improvement in the book; it's cleaner looking and easier to read. You certainly are to be congratulated."—W. E. WILLIAMS, Sales Mgr., E-K Medical Gas.

"Much praise for your new cover—although you used to have some good looking girls on the old ones . . . Good work . . ."—PAUL J. CARDINAL, Hoffmann-La Roche.

●  
"I like September Oral Hygiene and think it is the best looking book you have ever put out . . ."—J. H. HURTT, JR., Mynol Chemical.

●  
"Fine—and you are to be complimented on your change."—DR. DENNY B. BEATTIE, Vice President, Jelenko & Co.

●  
"We think you did a man-size job and we are handing you a pat on the back . . . we will congratulate you a thousand times for our modern Oral Hygiene . . . Hoping for your continued success with the new 'package' and saying Hurrah!"—CHARLES ENGELFRIED, Secretary-Treasurer, J. Bird Moyer Co.

●  
"The new Oral Hygiene looks swell and I congratulate you on a very decided improvement. I hope that it results in some fine business for you."—EARLE A. BUCKLEY, Advertising Agency.

●  
"I don't blame you for being excited about Oral Hygiene's new face . . . The new magazine is certainly very much better looking than the old one . . . Lots of luck to Oral Hygiene."—MURRY COHEN, Adv. Mgr., Novocol.

●  
"Congratulations! . . . I like it."—DAVE BELLAMY, Wilmot Castle.

"Allow me to congratulate you on the new book which you put out. There is absolutely no doubt but what this is a definite improvement."—JOHN V. GALLEY, Bakelite Dental Products.

"We note with interest the larger size of the journal, the larger and better type, the wider marginal spaces and the tendency of the book to open and stay open. These are certainly very desirable improvements . . . and we congratulate you on them."—W. H. O. McGEHEE, D.D.S., M.D., Chief, Dental Division, E. R. Squibb & Sons.

". . . September Oral Hygiene is more than something new. It is the culmination of a well regulated and inspired evolution in dental magazine design. Its more spacious pages, its deeper margins, its new type dress, and new cover, not only provide a more handsome magazine and more pleasant reading, but also lend greatly increased accentuation and effectiveness to its advertisements."—ARTHUR BANDMAN, The Artwil Co.

"I think the improvement you have made in the new Oral Hygiene is great. The size is better, it is more readable, and therefore should prove more interesting to the dentist reader. This fact, combined with the larger page size, appeals to us as an advertiser, and I judge this is the combination you want. Oral Hygiene, I am sure, will gain new prestige as the leader in its particular field."—R. W. FREEMAN, Williams Gold.

*{Continued opposite page 1420}*



## "Why didn't my dentist tell me how to keep away from Pyorrhea?"

**EVERYWHERE** dentists are teaching their patients massage brushing . . . thus showing them how to raise and maintain the resistance of the gingival tissues.

Here in handy kit form, at less than cost, is everything you need for

massage brushing . . . for giving chair treatments or for instructing patients in this new brushing technique. Kits, to profession, only 15c each. Contain one 50c Calsodent Brush with imported, base-end cut Chungking bristles, 2 packets Calsodent for making massage brushing solution, 12-page instruction booklet. Sorry, not more than 3 dozen at a time.



**50c Calsodent Brush**  
**this kit—ONLY 15c**

**THE CALSODENT CO.,**  
315 Fifth Ave., New York.

Please send me . . . professional kits at your special price to dentists of 15 cents each. Each kit is to contain a regular 50c Calsodent Brush with imported, base-end cut Chungking bristles.

☐ Check enclosed. ☐ Send C.O.D.

Name . . . . . D.D.S.

Address . . . . .

City . . . . . State . . . . .

OH-10-36

☐ Send me a copy of your new large 20-page manual on massage brushing.

# *The Publisher's* **CORNER**



**BY MASS**

**NUMBER 183**

THIS DEPARTMENT'S best friend and severest critic, Doctor Larry Dunham of New York, has said more than once, "The main trouble with you, Mass, is that you try to play all the instruments in the band. You're forever messing with work on ORAL HYGIENE that other people can do better than you." I suppose he was right. But, so long as I live, I guess I won't be able to resist temptations to bang the bass drum now and then, or to tweetle the piccolo. After all, you have to have *some* fun. But every year they let you have less and less—particularly since several staff members overheard Larry and won't allow you so much as to chin their own special fiddles any more.

When Doctor Ed Ryan became editor some time ago, one of his very first moves was to sweep me out of the editorial office, with instructions to stay here in the CORNER. Now, I have about as much chance to work my will in the text pages of this magazine as Painless Parker would have. "Remember, Mass, you're just the publisher. So keep your thick thumbs out of the manuscript barrel. Good bye, please!"

Likewise, here in the home office, Jack Downes and Bob Ketterer are in the habit of tsk-tsking whenever you try to inject your own very special technique into their ends of the work. You try to help Mary Connally by doing an article for her and she polishes the tar out of your pet phrases. You create a classic layout for an advertisement and Dorothy Sterling looks at you like a kicked collie because layouts are *her* job.

But until a few months ago all of them overlooked one of the things I had hung onto—the physical get-up of our magazines, what printers call format. So I was able to revel in that to my heart's con-

# GAS ANALGESIA,

—the  
PRACTICE  
BUILDER



All OHIO Gases are SEALED

Analgesia eliminates pain without loss of consciousness. It is ideal for use during drilling, filling and scaling. It is the logical desensitizer. Walter Winchell, in the New York Sunday Mirror says:

"... The latest vogue in town at this and that dentist's is a grand anesthetic, 'Analgesia' it is christened. They use it while drilling and filling. The patients administer the gas themselves. It merely makes them 'feel high' or drunkee—and they feel nothing... Bless the person who invented it."

Analgesia relieves the dentist of nervous strain, and enables him to do more and better work. It eliminates fear of the dental chair and brings patients back more frequently and in greater numbers.

Today, Analgesia is a topic of conversation among laymen from coast to coast. "Opportunity knocks."

Send coupon for reprinted articles about analgesia, and for complete details.

---

## THE OHIO CHEMICAL & MANUFACTURING CO.

1177 MARQUETTE STREET, CLEVELAND, OHIO

OH 106

Gentlemen:

- ☐ Mail me, free of charge, authoritative articles on the subject of gas analgesia.
- ☐ I am now administering Nitrous Oxid and Oxygen.
- ☐ I am now considering the use of Nitrous Oxid and Oxygen.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_



tent. Every so often I quietly changed something: played with cover designs, new type dresses for the text section, new department heads, and so forth—very much as a child will, who has discovered that by going on tiptoe, and oiling the saw, he can proceed undisturbed at the fascinating duty of shortening the legs of the dining room table.

Last year about this time—if you happen to remember, although most certainly you don't, because readers seldom notice such things—*ORAL HYGIENE* broke out (again) in a rash of new type faces, including nifty hollow-legged capitals. Instead of being fastened together with wire staples the magazine was sewed with thread—bound on trick sewing machines—the theory being that it would open flatter. (The preliminary dummies did, perhaps because I carried them around with me and kept opening them and opening them.)

Well, I guess it must have been these innovations which got the rest of them to wondering whether this wasn't something else I should be stopped doing. Whatever the spark that set them off, I got stopped, although I resisted for months. But, finally, last Spring, they wore me down, and the result was that a specialist in magazine design, Robert Stumpf of New York, was called in. Last month his restyled *ORAL HYGIENE* appeared. This interloper figured out roomier pages, deeper margins, more space between the lines of text for easier reading, titles set in Garamond type. My beautiful open-work capitals were scrapped; so were my sewing machines. There is a new cover, a heavier one, and the original wire stapling has been restored.

The little old almanac is supposed to look brighter and airier now, to coax your eyes, and all that sort of thing. The modern cover design is supposed to exemplify *ORAL HYGIENE'S* up-to-the-minute editorial attitude (with which I have nothing to do, being an old-fashioned boy myself.)

All in all, I am reluctantly obliged to concede that Bob Stumpf did a job . . .

They've stopped me as a magazine designer, snatched the format trombone away; but they can't stop me cherishing the formats I did design; I have placed them tenderly on the shelves of my soul—which is, I suppose, my own, although sometimes I doubt it. ●

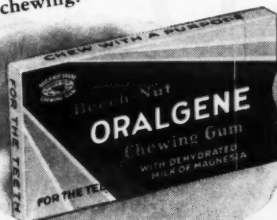
Beech-Nut  
**ORALGENE**  
 advertisements  
 say:

**ASK YOUR DENTIST  
 DON'T GUESS**

In advertising ORALGENE to the public the Beech-Nut Packing Company is anxious to promote the true interests of both the dentist and his patients.

ORALGENE is not advanced as a cure or remedy for dental troubles or as a substitute for regular visits to the dentist. Rather, it is a *contributing factor* in dental care which many dentists believe does 3 things.

1. Gives teeth and gums exercise that modern foods cannot provide. All chewing gum helps but the firm texture of Oralgene is particularly valuable.
2. It helps clean the teeth by removing food particles that even a toothbrush sometimes misses.
3. It helps correct mouth acidity all the time one is chewing.



EACH PIECE  
 INDIVIDUALLY WRAPPED

**FREE SAMPLES** of Oralgene are available to dentists who wish to try it themselves or to have their patients try it. For your supply, and for further facts about the importance of chewing gum and of Oralgene to the teeth, write the Beech-Nut Packing Company, Canajoharie, N. Y.

# "I am delighted with Tenacin"

WRITES THIS  
*Orthodontist*

PRACTICE LIMITED TO  
ORTHODONTIA

April 6, 1936.

The L. D. Caulk Company,  
Milford, Del.

Gentlemen:

Some time ago your representative, Mr. Pickrell, was in my office and demonstrated the use of Tenacin.

I had just received a large batch of cement from another company and was not able to give him an order at that time. However, the more I thought of Tenacin, the more I wanted to try it, so I purchased one of your special \$8.00 packages from my dealer.

I am delighted with the product and I wish you would thank your representative for putting me on to this splendid cement.

Yours very truly,

**CAULK  
TENACIN**

**\$8**

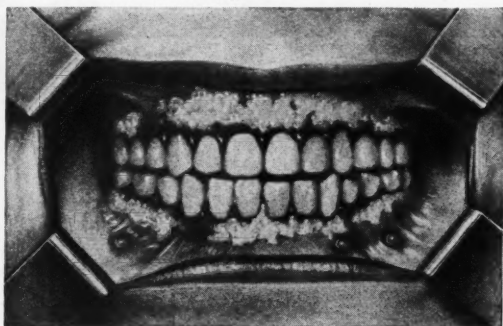


**DO AS HE DID:  
Try Tenacin**

Get a 6-4 Tenacin Package today. It includes 6 Full Portion Powders, 4 Full Portion Liquids, and complimentary 1 Trial Bottle Red Copper Cement. You will never go back to any other cement once you have used Caulk Tenacin. A \$10.75 Value for \$8.00.

Let us send to you, without obligation, our new descriptive manual on Tenacin. . . . Ask for it on a post card or your letterhead. CAULK, Milford, Del.

# When Treating VINCENT'S ANGINA



## *Restrain Systemic Disease with* **SAL HEPATICA**

Sal Hepatica can obviate many systemic complications which occur so often with Vincent's Angina and other foci through (1) rapid and effective removal of intestinal waste (2) neutralization of acidity and maintenance of a normal alkaline level—an excellent offensive against disease.

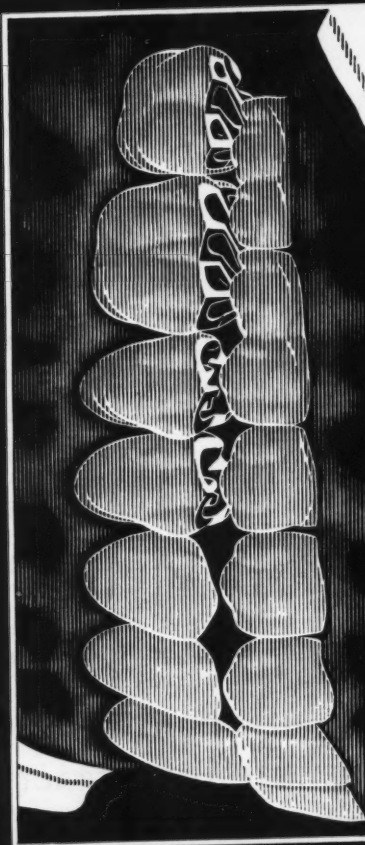
In components, their ratio and action, Sal Hepatica approximates the famous natural saline waters. It makes an agreeable, effervescent drink.

**SAL HEPATICA CLEANS  
THE INTESTINAL TRACT  
AND COMBATS ACIDITY**

*Sample on Request*

**BRISTOL-MYERS COMPANY**  
19- L West 50th Street, New York, N. Y.

# NEW TRUBYTE



IN ALL FUNCTIONAL POSITIONS IS MAINTAINED BY THESE 20° POSTERIOBS

## THE DENTISTS' SUPPLY

# 20° POSTERIOR

*"The Balance of Power"*

AND

THE "POWER" OF BALANCE

IN THE

NEW TRUBYTE 20° POSTERIOR



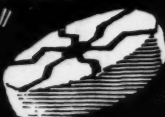
THESE Powerful Posteriors owe their "POWER" to several factors . . . . .

First, they are *carved* to the *functional* movements of the Mandible, so that they really *balance in Function* . . . . .

Next, the Design of the *tool-like* cutting Ridges which *interact* at pre-determined angles,—thus effecting the most efficient Artificial Masticating Mechanism . . . . .

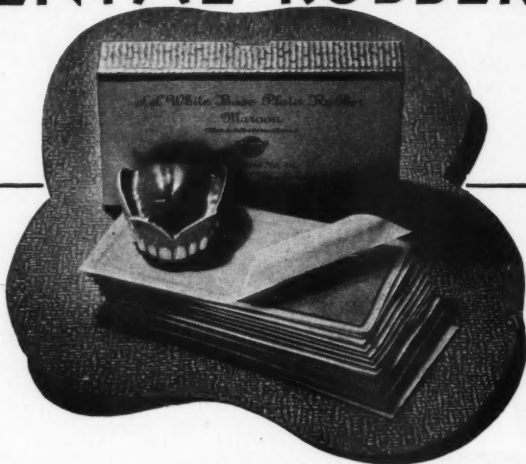
*"MODERN MILLSTONES OF MASTICATION"*

"MOLAR"—FROM LATIN "MOLA"—MILLSTONE  
THESE NEW 20° POSTERIOR ARE THE MOST  
EFFICIENT "MILLSTONES" FOR THE EDENTULOUS



## COMPANY OF NEW YORK

# Specify- S. S. WHITE DENTAL RUBBERS



*You can depend upon them  
for maximum satisfaction*

Seventy-five years of constantly increasing use by dentists and laboratories bear witness to the excellence of S. S. White Dental Rubbers. They pack easily, and during vulcanization shrinkage is negligible because they are made to a balanced formula. In the vulcanized state, S. S. White Rubbers are outstandingly strong, do not need bulk for strength, are free of pits, streaks, etc., and little effort imparts a brilliant polish that lasts over a long period of mouth wear.

Nine dependable colors for the base, six beautiful fast colors for veneering afford ample variety.

## S. S. WHITE RUBBERS

### For the Base

- \*No. 10 Maroon
- \*No. 11 Natural Base
- \*No. 12 Brown
- \*No. 13 Gold Base
- \*No. 14 Dark Red
- \*No. 15 Light Red
- \*No. 16 Weighted
- No. 18 Black

### For the Veneer

- No. 1 Special Light Pink
- \*No. 3 Light Pink
- No. 5 Pink
- \*\*No. 6 Special Pink
- No. 7 Granular Pink
- No. 19 White

### For Entire Denture

- No. 17 Pink Denture "B"

\*Also made in S. S. White Plastic Rubbers, for rapid vulcanite repairs—they vulcanize in 30 minutes at 320° F. (160°C.) (90 lbs. steam pressure).

\*\*Natural pink color without solarization.

**FOR SALE AT DENTAL DEPOTS**

THE S. S. WHITE DENTAL MFG. CO., 211 So. 12th Street, Philadelphia, Pa.





DETAIL OF  
CONSTRUCTION

# CELLULOSE DENTAL ROLLS

• Dentists who prefer cellulose will like Cel-U-Rol, a gauze-enclosed cellulose roll, cut to 6-inch lengths and sterilized, ready for use. Cel-U-Rol is the least expensive cellulose roll, costing less than 3 cents a yard for the  $\frac{3}{8}$ -inch diameter. In boxes of 500, 6 inches long. No. 2,  $\frac{3}{8}$ -inch diameter, \$2.25; No. 3,  $\frac{1}{2}$ -inch diameter, \$3.00.

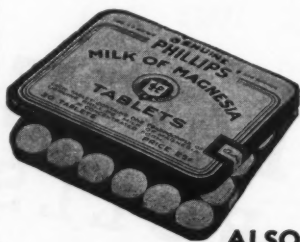
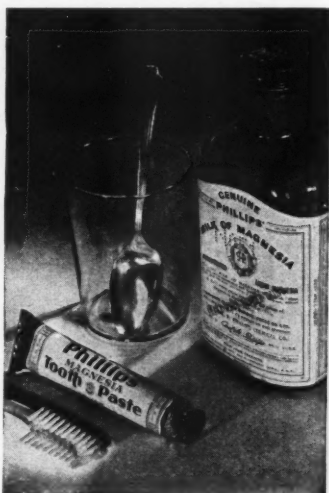
**ORDER FROM YOUR DEALER**

**Johnson & Johnson**  
NEW BRUNSWICK, N. J. CHICAGO, ILL.  
**DENTAL DIVISION**

# 3 AIDS to PROPHYLAXIS

1—Phillips' Magnesia Tooth Paste used to keep the teeth clean and free from acid.

2—Phillips' Milk of Magnesia used daily as a mouth antacid to combat local acidity.



3—Phillips' Milk of Magnesia taken internally to combat acid eructations from "sour stomach."

## ALSO—The Convenient NEW Tablet Concentrated—Mint-Flavored

Chewed slowly, they help to cleanse and protect the teeth and gums from mouth acids, and sweeten the mouth and breath.

# PHILLIPS' Milk of Magnesia

Prepared only by  
THE CHAS. H. PHILLIPS CHEMICAL COMPANY  
NEW YORK

"For what reason, doctor, did you put Shredded Wheat on my diet list?"

"Well—there are really three reasons. Shredded Wheat gives you calcium and phosphorus. It contains all the bran of whole wheat—which helps keep the body regular. And it's crisp and chewy—exercises your teeth and gums. There's vital nourishment in Shredded Wheat, too. Because it's 100% whole wheat. And you'll enjoy eating it because it has a wholesome, natural flavor all its own."

Dr. Smith  
DENTIST

MORE THAN A BILLION SHREDDED WHEAT BISCUITS SOLD EVERY YEAR

# SHREDDED WHEAT



Ask for the package showing the picture of Niagara Falls and the red N.B.C. Seal

**A Product of NATIONAL BISCUIT COMPANY**  
Bakers of Ritz, Uneeda Biscuit and other famous varieties!



# THE EXTRACTION Louis L. Bailly, (France 1761-1845)

Both before and after instrumentation, the use of ANACIN provides comfort to the patient, and makes easier the work of the busy dentist. Samples sent the profession on request.

Patients appreciate the use of

## ANACIN IN DENTISTRY

THE ANACIN COMPANY

-

Chicago, Illinois

MA

FOR

You can  
for ever  
in ideal  
excellen

TAKAMIN  
132 Front  
Enclosed re

NAME .....  
ADDRESS.....

# TAKAMINE



## MADE IN THREE MODELS



SIDE VIEW  
DE LUXE  
MODEL

## FOR EVERY PRESCRIPTION

..... sold at a price every patient can afford to pay

You can prescribe a correct TAKAMINE massage-brushing model for every case. Highest quality bristles are permanently secured in ideal Bamboo handle. Takamines last as long as any other excellent toothbrush, however expensive. Bristles will not come out!

### ----- SEND THIS COUPON -----

TAKAMINE CORP.,  
132 Front Street, New York City

Enclosed remittance to cover my order for ..... TAKAMINE Toothbrushes as checked below.

.... Standard @ 7c ea.

.... 2-ROW Interdental @ 10c ea.

.... 3-ROW Interdental @ 9c ea.

NAME ..... D.D.S.

ADDRESS .....

# OVAL

**NOW WIDELY RECOMMENDED**



## *When Operative Procedure Makes Mastication Difficult*

Where mastication of solid food is impossible or difficult, owing to operative procedure or dental disease, Ovaltine plays an important role in the necessary liquid diet by supplying a highly nourishing and digestible "food in a drink."

## *In Dental Prophylaxis—Helps Build Sound Teeth*

Ovaltine possesses unusual properties from a dental nutritional standpoint. Among other essentials it adds the important bone- and tooth-building materials, calcium and phosphorus, and provides a rich supply of Vitamin D to aid in the utilization of these minerals.

Three heaping teaspoonfuls of Ovaltine in a glass or cup of milk (eight ounces) used three times a day provides in proper ratio practically the full daily requirement of the important minerals recognized as an aid in building sound teeth and resisting dental caries.

Ovaltine is valuable for the pregnant mother and, later, for the growing child because it supplies easily digested "food in a drink," adds nutritive elements vital to the maintenance and the building of sound teeth and strong bones.



SIGN AND MAIL THIS CARD

THE WANDER COMPANY, CHICAGO, ILL.

O H 10

Dear Sir:

You may send me, without obligation, either

Check  
in  
either  
square

☐ No. 1—A standard size package of OVALTINE  
to serve to patients in my office—or

☐ No. 2—Samples of OVALTINE for distribution to  
patients.

Signed \_\_\_\_\_  
*Personal Signature*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

*This offer is limited to practicing dentists*



PLACE  
STAMP  
HERE

**THE WANDER COMPANY**

**180 North Michigan Avenue**

**CHICAGO, ILLINOIS**

Take  
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Ovalti  
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Steenb

We wa  
your pr  
mailing  
either C

# OVALTINE

## IN DENTAL PRACTICE . . .

### *Before Operation*

Taken regularly a week or so before operation, Ovaltine helps build the patient's resistance—places him in better condition for withstanding dental instrumentation.

Used just prior to operation, Ovaltine tends to relieve excitability and nervousness and aids in restoring mental calm and tranquillity.



### *As a Nightcap*

A warm drink of Ovaltine, taken just before retiring, helps to combat nervousness, restlessness, excitability and offers a drugless aid to restful, healthful sleep.

### *Food Quality in a Drink*

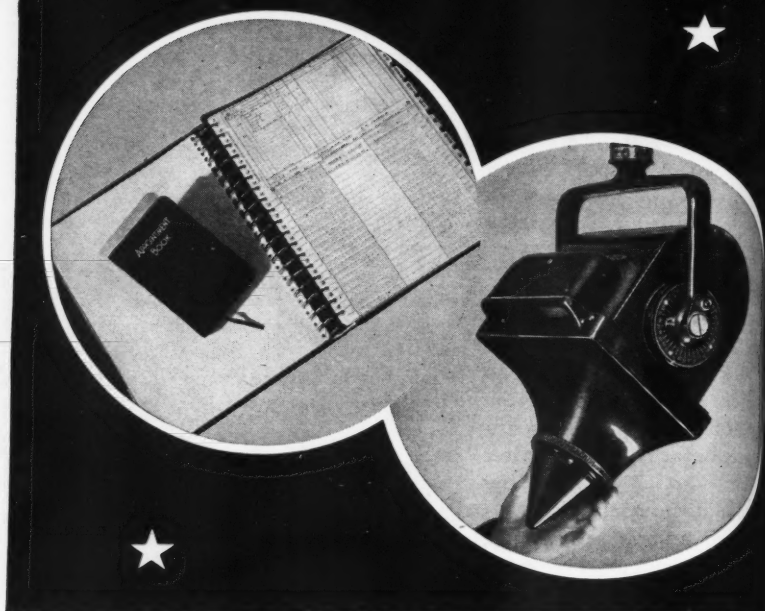
Ovaltine is a homogeneous pure food concentrate, processed in vacuo from high diastatic barley malt extract, pure milk and eggs. Its natural Vitamin D content has been augmented and standardized for several years by the use of the Steenbock irradiation process.

### *This Unusual Offer is Yours for the Asking*

We want to send you a free supply of Ovaltine for use in your practice. Take advantage of this offer by filling in and mailing us the attached card, checking your preference for either Offer No. 1 or Offer No. 2.

# OVALTINE

*The Swiss Food-Drink—Now made in the United States*



## **Ethics, Economics, Your Appointment Book and Ledger, All Say, "X-Ray is no Longer Optional"**

The day that dental X-ray equipment became shockproof, it ceased to be "optional" equipment for the serious-of-purpose, logical-minded dentist. So long as it was dangerous to use X-ray, one could fairly well justify his failure to adopt this diagnostic agent. Now both ethically and economically X-ray has become a necessity. Ethically one needs X-ray because it provides diagnostic evidence otherwise unobtainable. Economically one needs X-ray, if he is a dentist, *because* he is a dentist. His occupation, his entire livelihood is predicated upon his rendering a complete diagnostic service. To refer patients elsewhere contravenes the very objective of his chosen calling . . . to serve those who may come to him. It is illogical to refer patients away — and a notoriously unprofitable practice.

Owning your own X-ray unit very often converts the "just average" practice into an highly successful one. Almost any good X-ray unit is a safe investment today, but there are many sound reasons why CDX is the leader. The original shockproof dental X-ray unit, the CDX, through 13 years' refinement today offers 17 exclusive advantages that make it outstanding. The CDX's exceptional quality, too, has made possible the volume sales that account for its new, lower price. Write Dept.H1610 for full particulars — you will not be obligated.

**GENERAL ELECTRIC  
X-RAY CORPORATION**

2012 JACKSON BLVD., CHICAGO, ILL. U.S.A.

# ORAL HYGIENE

OCTOBER  
1936

What do the WPA Clinics Mean to  
Dentists? ..... 1296  
*Jay Voorhies*

Silly Smiles of Prominent People .... 1304  
*J. P. Leonard, D.D.S.*

Presenting a Budget Plan to Patients.. 1312  
*John H. Nesson, D.M.D.*

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Dear Oral Hygiene..... 1336

Ask Oral Hygiene..... 1340

EDITOR

Edward J. Ryan  
B.S., D.D.S.

EDITOR EMERITUS

Rea Proctor  
McGee  
D.D.S., M.D.

Oh

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# What do the WPA CLINICS Mean to Dentists?

by JAY VOORHIES

IF YOU SAW the numbers 65-97-127, you might think this was a football signal. But it isn't and, as yet, it has nothing to do with football. It is merely the official number of a WPA project, otherwise known as "Dental Clinics for Adults," now operating in New York City.

As one studies the project, observes the invaluable social and health service it is performing, and contemplates its potentialities, 65-97-127 takes on a more ominous sound. For if the dental profession in New York persists in its general indifference toward this project, 65-97-127 may prove to be the signal which will put dentistry into play as the football of politics, with all that implies.

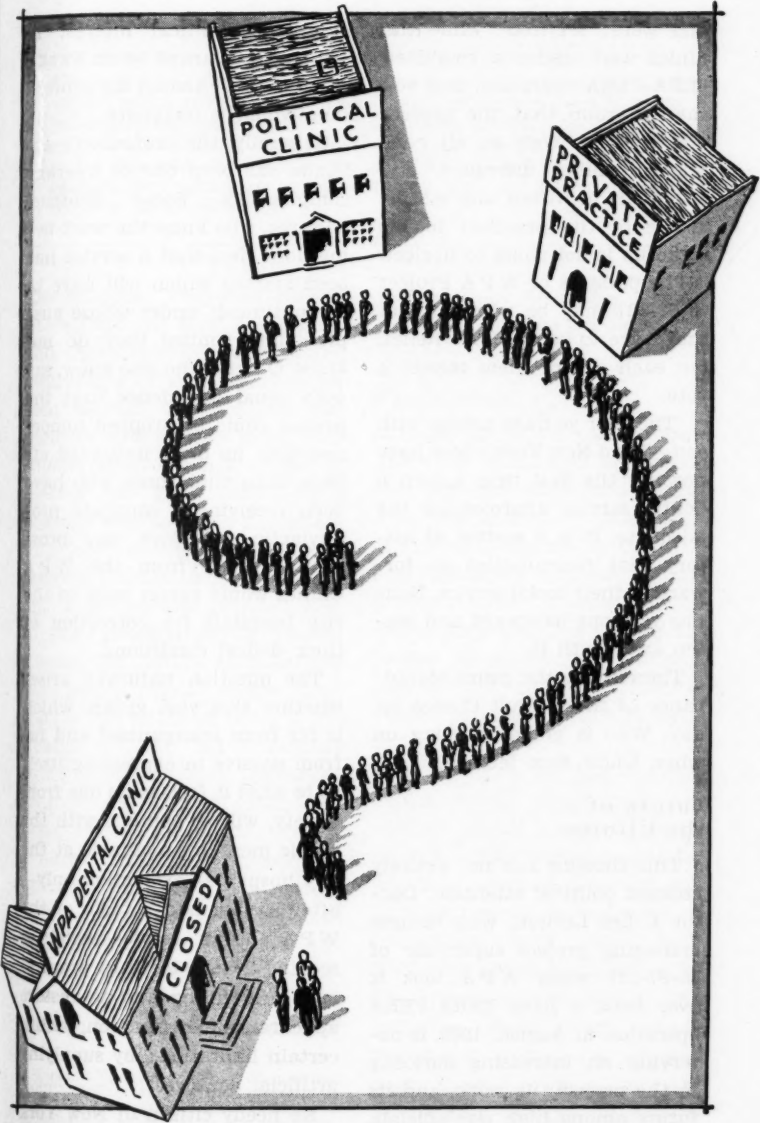
That threat to the firmly holding line of private practice will not come, however, until Uncle Sam lets go. Then the question will be—"Who will carry on?"

It is my firm conviction that some day somebody is going to have WPA's Dental Clinics for Adults wished upon him. Here

is one brain child that the Brain Trust begot, in its efforts to make work, which gives little evidence of succumbing to a return of prosperity. In fact, the project has developed into a social and health service of paramount importance. Its problem now is not how to "make work" but how to meet the service demands made upon it.

With the six clinics in New York City operating at full capacity, there is an actual waiting list of over 10,000 indigent seeking admittance; an actual list of 6,000 who have received operative care and are waiting for dentures. And it is estimated that, on the relief rolls of the city, there are at least 80,000 more adults needing dental care into whose mouths a WPA dentist has never had a chance to peer.

Add to these the 16,453 individual patients who have paid a total of 77,267 visits to these clinics in the eleven months they have been under full WPA control, plus the other thousands



who were "serviced" while the clinics were under a combined TERA-FERA operation, and you have a group that the profession in New York in all conscience cannot disregard, and which any politician with a semblance of the practical in his make-up is not going to neglect.

The patients of WPA Project 65-97-127 may be poor, in fact they have to be on Home Relief, but each one of them carries a vote.

"The poor ye have always with you—" and New York's poor have now for the first time known a dental service approaching the adequate. It is a matter of history that communities go forward in their social service. None has yet gone backward and gotten away with it.

Therein lies the prime significance of these Adult Clinics today. Who is going to carry on when Uncle Sam lets go?

#### Future of the Clinics

This thought has not entirely escaped political attention. Doctor I. Lee Levitch, who became managing project supervisor of 65-97-127 when WPA took it over from a joint TERA-FERA operation in August, 1935, is observing an increasing curiosity in the project, its work, and its future among high city officials. This, per se, is desirable and

necessary. Political interest is also being balanced by an awakening interest among the profession, which is fortunate.

Generally, the profession's attitude has been one of tolerant complacency. Some dentists, however, who know the work being done, feel that a service has been started which will have to be continued; under whose auspices and control they do not know. Others, who also know, say with equal confidence that the project could be dropped tomorrow with no more untoward effects than that those who have been receiving a complete prophylactic, operative, and prosthetic service from the WPA Clinics would revert back to the city hospitals for correction of their dental conditions.

The question naturally arises whether this vast group, which is far from unorganized and far from passive in expressing itself as to what it feels is its due from society, will be content with the heroic measures available at the city hospitals—extraction only—after having had a taste of the WPA Clinics' service which is seeking to save teeth by prophylaxis and filling and to restore appearance and function, within certain limitations, by supplying artificial dentures.

No needy citizen of New York ever got a set of teeth from a

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"I would like to commend the doctors and nurses at the Heckscher Clinic (Dental) for their utmost courtesy and consideration of me while I was a patient there. When I was fortunate enough to get a letter from the home relief, my teeth were in a deplorable condition, and I thought most of them were too far gone to be saved. But thanks to the fine work done by the doctors, they look and feel fine. I am grateful and appreciate what was done for me. Thanks again."  
(Signed) Helen Mc—<sup>2</sup>

city hospital. They are getting them from the W P A Clinics—and they are fully aware of the desirability of and necessity for dentures. If they cannot get them as soon as they think they should, they are not averse to seeking the good offices of a political boss to speed things up. This intervention of a politician does not get a patient anywhere,<sup>1</sup> but it has opened political eyes to the possibilities of Dental Clinics for Adults as a service the people want. Seeing that they get it would be but a glorification of the old Tammany practice of providing the needy with shoes, hods of coal, and other necessities of life.

As at present organized and operated by W P A, the profession can accept the clinics quite complacently. They do not infringe upon private practice. Whether dentistry should consider them quite so complacently

if the clinics fell under political control is another question.

### A Problem for the Profession

Today anything can happen. The time seems ripe for organized dentistry to discard its indifference and to lay plans with city or state officials for the sane and intelligent guidance of this project into safe channels, which will at once continue its unquestioned service to the indigent and protect fully the integrity of the private practice of dentistry.

As evidence of the comfort dentistry may expect from city officials, should it seek to balk a city-controlled dental service for adults or advocate a service set-up which would be suspected of concerning itself more with feathering dental nests than public service, I refer you to the following blast which Mayor Fiorello H. LaGuardia, of New York, handed professional men, as reported in the New York

*Times*:

<sup>1</sup>I could find no evidence of political "pull" getting anyone any preferment in the WPA Dental Clinics. I did see considerable evidence to the contrary.  
<sup>2</sup>Letters from satisfied WPA Clinic patients.

"Mayor LaGuardia denounced yesterday as 'shysters' those members of the medical profession opposed to the city's health program. He reiterated his intention of preventing physicians from capitalizing on relief."

Speaking at exercises marking the laying of the cornerstone of the Lower West Side Health Center in Chelsea Park, the Mayor said:

"Our health program has not progressed without opposition. There are people in the community who believe we shouldn't do these things. There has been strong opposition to spending money for clinics, health centers, and hospitals.

"The thinking, public-spirited and overwhelming majority of the medical profession is back of this program, but, of course, there are shysters in medicine as in the legal profession.

"I don't want the support of abortionist, shyster, and politician doctors and I can do without them."

After sketching briefly the

functions of the new health centers,<sup>3</sup> eight of which are being constructed with W P A funds, he demanded belligerently: "Now what's wrong about that?"

A moment later the Mayor launched into a denunciation of physicians who are allegedly collecting patients from the relief rolls, a subject he had discussed previously in an address at the Academy of Medicine.

"It is my intention to see to it that when the city or the Federal Government pays for medical services for those on relief, the family that needs it gets real service," he declared. "The best element in the profession is back of me."

Pointing out that a visit to a home should consume at least thirty minutes of a physician's time, he continued:

"How can a doctor attend to twenty-two calls a day if he gives them any attention at all? And if he doesn't, he's not entitled

<sup>3</sup>Voorhies, Jay: Community Dental Service in New York, ORAL HYGIENE 26:27 (May) 1936.

"I do want to thank you most sincerely for the very real service you have done me. I think it is wonderful. Thanks also was especially due to Dr. B— for his unfailing consideration and patience, and for the wonderful job he has turned out. The set of teeth are without fault, and supremely comfortable. I even forget that I have them in, and that is the truth. Thank you a thousand times for everything; and I wish the Dental Clinic a long and successful life and success to all the workers it has been my pleasure to contact." (Signed)

Mary E—2

"While I haven't any desire to broadcast the fact that circumstances have forced my recourse to Relief aid, I feel I must write my experiences at the Dental Clinic in Long Island City, in the hope that I might relieve others who, needing dental work, may be hesitant in fear that any dentistry performed in said clinic might be dental work in name only! I felt likewise before I gained sufficient courage to go and go I did! Believe me, I am mighty glad I went! I do not believe I could have been treated better—every one likewise; I was not an exception and the dental work done for me I do not believe could have been done more efficiently if as well, had I been in a position to pay well!" (Signed) William B—2

to be paid. That's the kind of service I won't approve."

The Mayor said that his administration was doing its best to give the city the medical services it needed but that "we can't make up in two years for the neglect of the past twenty-five; we can't perform miracles."

This will show you the temper of socially-minded public officials toward professional groups when free service to the public is concerned.

### Work of WPA Clinics

With this background, let us now see what these Dental Clinics for Adults are doing.

Like most, if not all W P A projects, the Dental Clinics for Adults have come in for their share of criticism. Charges of anything from boondoggling to factory methods and even claims that they are unnecessary have been made against them.

Sixty-eight dentists, working 10½ hours a week each, (which they did up to June 1st when

they went on a 15 hour schedule) aren't going to do much boondoggling handling 104 patients each a month of 42 chair hours, which means about 2.5 patients every hour. And this turn-over involves everything and anything from an examination to a filling, pulp capping, extraction, taking an impression, and adjusting a finished denture. If a dentist gets time out for a cigarette, he is lucky.

If system and keeping up "production" constitute factory methods, the charge might apply, but don't forget the waiting list. There's no time for social amenities in the W P A Adult Clinics. Also, it is free work and the whole scheme calls for the best service possible at minimum expense.

As for the necessity of the service rendered, there is no better place to appreciate that than in the new W P A Dental Laboratory. There you get it in bold, stark relief; a veritable dental

morgue. Models, hundreds of them, in their tin job pans grimacing at you. A depressing parade of dental cripples, a mute story of long dental neglect.

Protruding mandibles; overhanging ridges; jaws with three or four tusks present and no two in occlusion; mouths which have been without teeth so long that they have become virtually flat. And these are not exceptions, they're the general run of cases in the W P A Dental Laboratory. A fairly normal case is a curiosity.

In the clinic waiting rooms this evidence of long neglect is not so evident. These people are sensitive, most of them. They keep their mouths shut.

But listen to them beg and plead for teeth. Girls under twenty, vibrant, joyous looking until parted lips reveal gums with all anteriors missing; young mothers, toothless, their teeth a willing but unnecessary sacrifice to the children they have borne; older women who have been without teeth for years.

Young men of the white collar group; stolid, husky laborers; old men.

All of them begging and pleading for teeth. So they can stand a better chance for a job; so they can eat; so they can get rid of "this indigestion" or a limitless chain of other internal ills.

Begging for teeth with 6,000 ahead of them!

One cannot behold such sights without wondering whether the educational work which has been carried on for years, trying to make the public appreciate dentistry as a necessary health service, has not been mere lip service; whether "Every missing tooth should be replaced" and "See your dentist twice a year" were more than platitudes except for the well-to-do. If they were more, then the question naturally arises, how are these ideals to be brought within the reach of the indigent unless through some agency such as the present W P A Adult Clinics—and their successor?

To one who has seen the need and the efforts being made by these clinics to meet that need, however inadequately, owing to causes beyond their control, names begin to lose their significance in the face of compelling necessity and what is being done. Having been instrumental in educating the public—rich and poor—to want dental service, it does seem that the profession has a definite responsibility in making possible the means of satisfying that desire—a responsibility that cannot be shirked by branding projects seeking its realization as "federalization" or "socialization" of dentistry.

The ultimate development of

this project admittedly calls for wise counsel, if it is to continue to supply a social and health service vital to the community, to be conducted in harmony with the interests of private practice, and not become a football of politics, in which case it would present possibilities of far-reaching import.

Despite insinuations to the contrary, New York's W P A Dental Clinics for Adults are not taking any work away from any private practitioner. From the time the clinics were started, under the auspices of the Temporary Emergency Relief Administration, in December, 1932, as under their present operation by W P A, scrupulous precautions are taken to see that no one, remotely capable of receiving private dental service, gets into the clinics. Eighty-five per cent of the patients of the clinics are referred by the Home Relief Bureau and certified as being on home relief. That means they are totally dependent. As a matter of fact, if the head of a family is put on work relief and receives more than \$17.00 a week, his family automatically loses the facilities of these clinics.

The other fifteen per cent of the clinics' patients are cases referred and certified by these private agencies: Catholic Charities, Jewish Social Service Asso-

ciation, Association for the Improvement of the Condition of the Poor, the Red Cross, the Salvation Army, and the Brooklyn Bureau of Charities.

Providing dental care for such patients can hardly be called taking bread and butter from private practitioners, unless by that is meant that these patients should be taken care of by parcelling them out to private offices on a fixed fee or per hour basis.

Such plans have been proposed for New York and have been in operation elsewhere. The general experience with them has been far from satisfactory, and, from all available information, they are being discontinued. The basic trouble is the utter impossibility of any control or supervision. The system affords fruitful soil for political patronage and graft; and the cost of the work is out of all proportion to the work done.<sup>4</sup> It must be admitted, however, that such a system would spread the blessings of government aid much more widely, if not more wisely, among the dental profession.

*(Continued Next Month)*

<sup>4</sup>The writer knows of one county suburban to New York which "farms out" its needy to private practitioners. The welfare authorities had to set a \$20.00 limit per patient, and that does not include any prosthetic work. WPA Clinics cost per patient is \$15.91, including dentures and full service. About 50 per cent of the patients need dentures.

## *Silly Smiles of*

# PROMINENT PEOPLE

By J. P. LEONARD, D.D.S.

MY ENTHUSIASM for the candid camera is waning because I am too often annoyed by its frankness. Whenever I pick up a daily newspaper I encounter the silly smile of some prominent person. And the reason for it is pretty obvious to me. I believe that most of these self-conscious grimaces, twisted smiles, and corner of the mouth grins are really an attempt to conceal some abnormal dental condition or neglected teeth. But, "Why," I ask myself, "do intelligent people have such defects?"

And I'll answer myself, too. The majority of these people are walking around with a mouthful of neglected or malformed teeth because of the Bogie Man of Fear and his devoted companion Misinformation. We, in the dental profession, realize that every human being experiences an assortment of symptoms such as cold feet and goose pimples whenever mention is made of *the drill* or *the buzzer*—as the public refers to our dental bur. Usually, this fear is entirely the result of

ignorance. Sometimes it is the product of faulty folklore aided by the crude humor of rustic bumpkins attempting to scare the prospective patient with exaggerated anecdotes of their personal dental heroics.

After years of observing the peculiar antics of dental patients and their quaint reactions to the rabid rantings of a few misinformed neighborhood oracles, I am convinced that many things could be written about this situation to help remedy it, and I see no reason for concealing my intention of doing just this.

Therefore, if a few of the sentences to follow seem to sear some of your acquaintances, and perhaps pucker your own soul, you are at liberty to try and do something about it.

### Association of Ideas

The sight of the dinner table or the sound of the dinner bell make us think of eating (if we are normal and healthy). A glance at the menu card on which our



## DIQS

favorite foods are mentioned can cause our mouths to water because of excessive salivary flow. We mention these things to illustrate how the brain is influenced by sensory associations which are equivalent to habits of thought. Things always get their meaning from the number of deeply ingrained associations they arouse in us.

People advance in intelligence by connecting the familiar with the strange in a series of assorted repetitions until the association becomes firmly established in their habitual thinking process. We are trained throughout our school life to associate

digits, words, and phrases with orderly precision so that they will always be connected with certain fundamentals and thereby simplify the process of acquiring an education. The progress and success of dentistry in the future will depend on its ability to influence agreeable habits of thought which will be powerful enough to cause a favorable decision in the mind of a hesitant thinker.

Two large American corporations coined and own the copyright on two words, vaseline and kodak, which now appear in all modern dictionaries. Most people readily associate these words



with the companies which originated them. This is an example of the power of associated thought when it is combined with frequent repetition.

In this age of tinted fingernails, cellophane bathing suits,

old age pensions, and drugstore cowboys, the profession of dentistry needs a powerful medium for its own defense to establish in the minds of the general public a simple, dynamic tiding in the form of a word that would



describe this obvious lack of dentistry so effectively that the word would become a household term. The acceptance of such a word by the dental profession and its subsequent adoption by the public would be a powerful force for good in the activities of ourselves and our patients.

The law of the association of ideas is as old as the science of psychology itself. Therefore, by coining a word that was to be associated with the thinking reflexes in such a way as to mean dental inferiority—with a dash of irony for garnish—the English language would be enriched, dentistry would be more universally appreciated, and people would look and act more like human beings.

We, therefore, submit for your approval the new coined word *digs* to classify under one heading an insidious and almost universal dental disease. The word is coined from the first letters of an actual condition which has been overlooked (or winked at) by the scientists up to the present time.

This condition referred to is known as, Dental Intelligence Quotient Subnormal.

### Easy to Diagnose

You may have heard of the "heeby-jeebies," the "impuck," and countless other quaint ex-

pressions that denote a mythical illness; but here is a new coined term to describe a dental phenomenon which is rampant in our country today.

Go to any public gathering. It may be the movies, your lodge meeting, the assembly of the Board of Strategy at your local firehouse, or the home hole at a golf tournament, you will find evidence of *digs*.

This insidious disease is far worse than most persons believe. It is pronounced *dix*, with the staccato effect furnished by the lower incisors. Every dentist will recognize the symptoms of this universal affliction as soon as he reads this.

A prominent man who displays one or more gaping spaces in his smile where teeth have not been replaced is a victim of *digs*.

The society matron who affects a mossy stain on the south side of her incisors, as the penalty for procrastination, has *digs*.

The perennial "shopper" has a bad case of *digs*.

Almost hopeless!

Little Willie has twelve cute cavities in his permanent teeth. His parents won't admit any such disgraceful condition because they are suffering from an inherent form of *digs*.

Men who rest for long periods in the choice seats of the mighty are often afflicted with *digs*.



Horny-handed sons of toil, glossy-haired gigolos, languid ladies with small dogs on chains, second-story disciples of larceny, lobbyists, reformers, and many other vocational experts could improve their spare time immensely if they made an effort to throw off the scourge of this

soul-shriving malady by a timely visit to their dentists.

*Diqs* is a habit forming pestilence. It is far worse than John Barleycorn and Lady Nicotone in its depravity and offensive gestures against decency and esthetic pride.

Many of the victims of *diqs* do

not realize that they are offensive to their associates. In fact the disease is so common that many people do not bother to mention its existence to their casual acquaintances. Some of the people who notice it are chronic sufferers themselves and do not realize their own shortcomings. (When they do, they hesitate to gossip about the untidy countenances of their neighbors.)

Abraham Lincoln has been credited with many pithy sayings. Some of them may or may not have been original with the Great Emancipator. Here is one that is credited to Lincoln—which may serve to indicate that he noticed some missing molars and shriveled chins among his fellow men. Lincoln remarked that he was not insulted when people referred to him as a homely man because he was on the other side of his face and did not have to look at it all the time.

Perhaps you think a person would notice his own *diqs* when using a mirror. Pause a moment and consider your own behavior in front of a mirror. Usually you are posed with your mouth closed and therefore do not see yourself as others have to.

#### Diqs and Denture Patients

The denture patient who has

worn the same set of artificial teeth for over five years without rebasing (or, in some cases without any systematic routine of cleaning them daily) is a flagrant example of *diqs* in its contagious incubation period.

The jittery gent who confesses to owning a set of "store" teeth (or, maybe a series of such ornaments), but never succeeds in wearing any of them except at weddings and wakes, is a pitiful example of *diqs* in its most vicious form. Dentists classify these poor unfortunates as the "Charley Horse Chewers" because of their intermittent efforts that miss fire in a big way.

Then we have the type of denture disciples known as the "Gummers,"—ideal subjects to haunt an empty house. These people never try to prop up their sagging buccinators by securing artificial substitutes for their abdicated teeth. They stagger through middle life and old age with the masticating motions of a Jersey cow. Surely it is superfluous to add that these people have *diqs* in a quaint and ludicrous degree.

The exaggerated chins of two popular comic strip heroes, Andy Gump and Popeye the Sailor, serve to illustrate the statement that malocclusion of the teeth plays an important part in moulding the features of the face. Officially it has been

estimated that 75 per cent of the facial deformities occur in the lower half of the face. We, as dentists, know that such items as position of the teeth, their general condition, size, and shape, are vital factors in the appearance of this part of a person's face. Perhaps too many of the laity are unaware of this and so their chronic condition of *digs* condemns them to a lifetime journey burdened with a face "that only a mother could love."

### Orthodontia to the Rescue

Orthodontia is recognized today as a distinct branch of dental science requiring the proficient services of a specialist. There may be some who read this who will thump their chests in protest and bellow about their individual ability to mix this branch of dentistry with general practice and produce results "far better" than any ethical orthodontist. Maybe so, but they can rest assured that such efficiency is not very general. It wasn't so many years ago as to make it difficult to remember that some young patients were advised to "let the teeth alone and trust to Nature to straighten them." Sue me if I'm wrong in that statement.

Doubtless, some of our middle-aged matrons are living examples of Nature's mangled dental regulating. Now they have *digs*!

Laughter is one attribute of the human species that is a true asset and should be encouraged to develop to its fullest degree. The world would be a better place to live in if more of us allowed ourselves our full quota of hearty laughs. Doubtless more people would give full rein to their suppressed chuckles if they were not extremely conscious of the distressing "eye full" of dental neglect their enjoyment would disclose to the passers-by and their interested friends. A casual and timely visit to the dentist could relieve this pitiful inferiority complex and the ensuing reaction might aid immensely the drooping fortunes of such persons.

The mental as well as the moral quality of a man can often be determined by his ability to enjoy a joke, even if it was made at his own expense. The experts tell us that the difference between wit and humor is merely that in the case of the former we laugh *at*, while in the case of the latter we laugh *with*, the object of the jibe.

Really it does not require any additional effort to change a smirk into a laugh. The puny smile requires potential energy.

whereas the laugh serves to give the epiglottis a much needed airing through the physiological process known as the creation of kinetic energy. After all, energy by one name or another is necessary if we are to continue living.

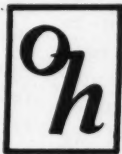
A sneeze is supposed to clear the cobwebs from our brain, and a hearty laugh often lifts a heavy burden from our souls. Often a person becomes so muscle-bound from suppressing his natural emotions that only the upper lip or one side of his mouth is in any way relaxed when he responds to a joke. Such a person reveals through his stunted smile the unhappy state of his mind or his self-consciousness.

If you will stop and reflect you will agree that almost all the "good fellows" who feature a hearty and contagious laugh are also the possessors of an efficient looking masticating apparatus.

Perhaps through the medium of subtle sarcasm, afforded by applying the terminology *diqs* to such universal carelessness, the dental profession could bring solace and happiness to millions of persons who are aware that something is wrong with their faces and who, up to now, have sought help from voodoo lotions, tissue massage, facial manipulations, and face lifting in a frantic effort to improve their physiognomies.

Personally, I believe that today, there are more people who can be made to understand the benefits of dentistry through smarting their hides with railery than through many polite attempts at wholesale education which, after all, the prospective patient accepts meekly, vaguely understands, and promptly forgets.

703 Union Building  
Davenport, Iowa



# *Presenting a* **BUDGET PLAN** *to Patients*

by JOHN H. NESSON, D. M. D.

THE ARTICLE I wrote recently on a budget<sup>1</sup> for dentistry brought so many inquiries from dentists throughout the country that the Editor of ORAL HYGIENE has asked me to write another article telling how I present the budget plan to patients. If you introduce this plan into the economic system of your practice, it will undoubtedly meet with prompt and hearty approval on the part of many patients. Some, however, may misunderstand its scope and purpose and offer one or more objections to subscribing to it. A few may possibly resent the mention of such a plan to them.

At the outset, and before we discuss budget dentistry, perhaps we ought to clarify a few misty economic problems that face us today. We are floundering in many respects, lacking the confidence to approach our dental problems as we did in earlier days. What attitude shall we take toward those patients


whose incomes have been drastically reduced, who have been compelled to neglect their teeth for several years, and who now return to us for friendly and sympathetic advice and service?

The depression should have left us with a sympathetic attitude toward the sacrifices of many of our patients. I am not unmindful of the independent status of many patients who are still able to pay better than average fees for medical and dental services. They are not a problem. I am primarily concerned with the vast middle class of Americans who deserve sympathetic understanding on the part of the medical and dental professions.

It is my feeling that we should confidentially discuss the patient's circumstances with him. The patient should be made to realize that we do not feel he is crying about poverty in describing his circumstances to us. Try to put the patient at ease by informing him that countless other patients are in the same

<sup>1</sup>Nesson, J. H.: How to Get Paid for Dentistry. ORAL HYGIENE, 26:768 (June) 1936.



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1. TAKE ROENT-  
GENOGRAMS OF  
THE TEETH.
  2. TAKE IMPRESSIONS  
OF THE PATIENT'S MOUTH  
FOR A MODEL.
  3. HAVE A CONFIDENTIAL  
TALK WITH THE PATIENT ABOUT  
HIS FINANCES.
  4. BEFORE THE NEXT APPOINTMENT  
EXAMINE THE ROENTGENOGRAMS  
CAREFULLY, DECIDE WHICH CON-  
DITIONS NEED IMMEDIATE  
ATTENTION.
  5. AT THE PATIENT'S SECOND  
APPOINTMENT, MAKE A THOROUGH  
CLINICAL EXAMINATION OF THE  
TEETH AND TISSUES.
  6. DETERMINE THE COST OF SERVICES  
YOU ARE TO UNDERTAKE AND DECIDE  
WHICH SHALL BE LEFT FOR LATER  
TREATMENT.
  7. TELL THE PATIENT ABOUT THE  
BUDGET PLAN, EXPLAINING HOW  
HE CAN SET ASIDE A SMALL SUM  
FROM HIS WEEKLY EARNINGS TO  
PAY FOR THE DENTAL SERVICES.

or similar circumstances, and that you have solved their problems and can also solve his. If we are sincere in this attitude, the budget plan will solve the economic problem. We must solve the professional problems.

### The Professional Problems

When I speak of the professional problems, I have in mind the fulfillment of definite professional obligations to our patients. When they come to us for services, they pay for confidence, and if they are fortunate, they also obtain good dentistry. More patients should leave the dental office with better dentistry than they are receiving. We are obtaining money under false pretenses, if we do not justify the confidence placed in us. When money becomes the sole object of our pursuits, dentistry ceases to be a profession.

When we see thousands of silver restorations leaking, uncarved, with overhanging margins, lacking contact, retention, and marginal ridges, we wonder what right we have to practice dentistry, if we are incompetent to perform the simplest and commonest dental operation required in our daily practice. And when we examine the mouths of patients whose dental restorations have just been completed and find more work remaining

undone than was performed, we feel that the patient has been victimized. Going a step further, what about the countless ill-fitting bridges and dentures for which patients have paid and paid and cannot wear with any degree of comfort or satisfaction? We must conclude that the dental profession is not living up to its professional obligations. And now I am speaking as a dentist who is especially concerned with periodontal health. When we see patients who have had expensive prosthesis constructed on teeth undermined by periodontal disease without any regard for the restoration of periodontal health, we begin to wonder how we can restore the patient's confidence in dentistry. Finally, what about the patients who are advised by their dentist to have their teeth extracted because of pyorrhea, when by proper periodontal treatment the teeth could be saved and the periodontium restored to health? Conversely, what of those patients who have been under their dentist's care and in time find that their periodontal tissues have received such slight attention or none at all that they are obliged to lose their teeth through no fault of their own. If we are honest with ourselves and honest with our patients, we must admit that such situations are altogether too common in

dentistry. I say, let us give the patients a break, and give them the least they should expect of us—competent professional services.

### Introducing the Budget Plan

If you have not previously explained the budget plan to your patients, an excellent method of introduction is to go through your files and select the names of patients who have not visited your office for some time. Pick out those patients who need dental service and have postponed it because they did not have the money to pay for it. Choose those patients who formerly paid what they considered high fees and who now hesitate to return to you because of their reduced incomes. To this group add the names of the patients who are staying away from your office because they owe unpaid dental bills. After you compile this list, add the names of other patients that you think may be interested in knowing of this new plan in dentistry. To this entire group of patients I would suggest that you send a personal typewritten letter as follows:

Mr. Paul Ward Brody  
Boston, Massachusetts

Dear Mr. Brody:

I am writing this letter to patients whom I have served, feeling certain that the idea and information pre-

sented will be interesting to all and perhaps helpful to some.

About a year ago, through the cooperation of a group of outstanding business and professional men, a financial organization was formed in Boston to provide a means whereby dental and medical services might be financed in a dignified manner and at a very low charge to the patient. This plan not only enables patients to undertake new services but also to pay for unpaid services previously rendered.

It seems to me, during these times, that such a service may save many patients from neglecting dental work which should not be delayed and which they will want done, when they learn payment can be arranged over a comparatively long period. It is hardly necessary to add, that so far as possible, I am adjusting my charges to fit present conditions and individual circumstances.

Yours cordially,

(signed) John H. Nesson

This letter may bring surprising results. In many instances, patients will respond at once. In other cases, the patient may not be quite ready for it, but will respond at a later date. In any event the small investment may bring large dividends and is surely worth while. Your patient may also discuss the plan with others who may come to you for services.

Another method of acquainting your patients with the budget plan is to describe it to them while they are in the chair. Tell the patient that many persons have postponed or neglected dental treatment because they lacked money, but that under this new

"We are obtaining money under false pretenses, if we do not justify the confidence placed in us. When money becomes the sole object of our pursuits, dentistry ceases to be a profession."

plan it is no longer necessary to postpone important dental treatments. The outline of the plan has previously been discussed in greater detail in the article on *HOW TO GET PAID FOR DENTISTRY*<sup>1</sup> so it is unnecessary to repeat it here. We are now ready to discuss the plan with the patient, who has come to your office for services.

Suppose we take a patient as a practical illustration who presents himself at our office after a few years of dental neglect, the result of the depression. He has one or two molars missing in the upper jaw and one or two in the lower jaw. There are new areas of decay on several teeth and a few filled teeth show evidence of undermined caries. The periodontal tissues show evidence of inflammation, bleeding, and subgingival and superficial calculus deposits.

Our first step is to impress the patient with the importance of taking roentgenograms of the teeth. As a practicing dentist I could do without any expensive dental unit, if I had to; I could seat my patient in a kitchen

chair with a headrest attachment; I could use a foot engine, if necessary; but I could not practice dentistry without my x-ray machine. If we do not make a roentgenographic survey of the patient's mouth, we start off on the wrong foot at once.

In my practice I also make study models of every patient's mouth. They are invaluable to me and to my patients. It is for each dentist to determine for himself whether he can do as well without them as with them. I cannot.

At this time, have a confidential talk with your patient to determine his circumstances. Unless he is financially able to undertake the complete restoration of his mouth, make up your mind not to attempt to do all the dentistry there is to be done in that mouth at one time. Plan to restore the periodontal tissues to a healthy state before you start on the restorations. Allow yourself adequate compensation for this service in the same proportion as you make allowances for the cost of restorations, ex-

"It is a compliment to your patient's bill-paying habits and to his credit rating to offer the budget plan to him. Tell him you offer the privilege of the budget plan only to those patients whose credit is good."

"Do you prefer to keep busy and realize a fair profit on your services, or to remain idle, waiting to get the large contracts that are few and far between?"

tractions, treatment, and so on. Before the patient's next appointment, make a careful examination of the roentgenograms and decide which conditions need attention most urgently and plan to render this service as soon as the periodontal tissues have been treated.

#### Determine Preliminary Costs

At the next appointment, make a thorough clinical examination of the teeth and their investing tissues and correlate the clinical with the roentgenographic findings. Ascertain the cost of the services you are to undertake at this time, and determine what will be left for later treatment. Now you are ready for the discussion of the budget plan.

Let us assume that the services to be rendered at this time will cost \$100. The next important step is to make the patient realize the necessity for these services. If there is any indication through expression, either verbal or otherwise, that there is a financial problem, we explain to our patient that here is an opportunity to have this work done

and pay for it over a period of ten months or longer if necessary. The patient will be pleased to know that he can pay this bill over an extended period of time, as it will enable him to set aside a small sum from his weekly earnings for this purpose. In this manner he will not entail any hardship in what might otherwise be a serious or hopeless financial problem. Usually the patient will anticipate a catch somewhere in the plan because it sounds so easy and simple. We now explain to him that there are no catches or excessive charges in the plan, and that the only cost to him is the small interest charge. This is usually added to the first payment on the note.

Sometimes your patient will be able to pay a retaining fee, thus reducing the amount of the note. Explain to your patient that under this arrangement, it will be possible to render the services in the shortest possible time without waiting until he has paid for the work in full. This is desirable for the patient for

"My records prove that numerous patients have had their mouths restored to health by gradual steps. One patient signed his first note for \$100; a second note for \$100; then a third note for another \$100; and now a fourth note for \$50.00.

many reasons. In many instances the services to be rendered have been postponed for a long period of time and are now urgent. In the case of bridgework or denture prosthesis, it is of particular benefit, for the patient can have the teeth inserted and obtain the advantage of early restoration following the extraction of his teeth. Most patients will be pleased to take advantage of this plan.

#### Secure Co-Makers for Note

However, some patients may offer objections. If you are doubtful of the patient's credit and you do not wish to endorse his note with recourse, you can inform him that it will be necessary to secure two co-makers. If you are certain that the patient is a poor credit risk, and he refuses to secure the necessary co-makers, you are better off not to render the services than to have to pay the note yourself, besides rendering the patient services.

If the patient is a good credit risk, but objects to the plan, he will usually do so on the grounds that he never did it before, and objects to the principle of it. If he owns an automobile, the odds are 9 to 1 that he purchased it on a budget plan. Or else he may have purchased an electric refrigerator, or a fur coat for his wife, or has charge accounts at

the department stores. The principle is the same. It is a compliment to your patient's bill-paying habits and to his credit rating to offer the budget plan to him. Tell him you offer the privilege of the budget plan only to those patients whose credit is good. Finally, ask him if there is any other plan of payment he can suggest which will enable him to pay for the services by the time they are completed. If he can do so, he doesn't need the budget plan. Tell him that many patients who formerly were able to pay substantial dental or medical bills without undue hardship now find themselves in reduced financial circumstances, and that this plan has enabled them to have the necessary dental services rendered and to pay for it out of their income over an extended period of time.

#### Who Pays the Finance Charges?

When conditions were better a few years ago, I usually added the cost of discounting the note to the patient's bill. During these days, I am content to pay for discounting the note and charge it off to Collections. Do you prefer to keep busy and realize a fair profit on your services, or to remain idle, waiting to land the large contracts which are few and far between? It is



for each dentist to determine whether he wishes to add the cost of discounting the note to the patient's bill or whether he is content with a smaller profit in order to maintain a substantial practice.

If the patient refuses to accept the plan or resents it, what should you say? I have presented the plan of budget dentistry in two articles. It has helped me and many of my patients. It has helped other dentists and physicians and their patients. I have received letters from dentists throughout the country expressing their sincere approval of the plan and stating that they believe as I do, that it offers a solution to a perplexing problem in most dental offices. If you wish to make use of it, it is here for you. If it doesn't appeal to you, it is up to you to find a better method. So with the patient. It is here for him, but if he does not respond favorably to it, he need not subscribe to it.

If the patient subscribes to the plan, arrange for an appointment just before the final note is paid. At this time it will be opportune to recommend the replacement of missing teeth and such other services as it was unwise to include in the previous contract. Had you attempted to reconstruct the entire mouth at that time, the cost would have

been greater than the patient could reasonably have undertaken.

My records prove that numerous patients have had their mouths restored to health by gradual steps. One patient signed his first note for \$100; then a second note for \$100; then a third note for another \$100; and now a fourth note for \$50.00. This will complete his dental service for the present. A number of similar cases could be cited.

Many patients have expressed the thought that they preferred this plan of payment, because they know it is a monthly obligation they must meet. When they owe the bill to the physician or dentist, it is so easy to postpone its payment indefinitely. That is the chief reason why so many physicians and dentists have so many uncollected accounts on their books, and the longer these accounts remain on the books the less likelihood there is of collecting them.

### Makes Dentistry Available to More

This plan is also the answer to the countless people in this country who claim they cannot afford the services of a physician or dentist. In the first place, few of these people ever expect to be sick or need dental services. They, therefore, make no pro-



vision for such services when they become necessary. They buy millions of low and high priced cars each year, electric refrigerators, radios, fur coats, and what have you. Is it any wonder that they are "broke" when they come to us for services? Now, if we will take our clue from the successful manufacturers of these various commodities, and make it possible for millions of these people to have necessary dental services rendered on the same basis, we will not hear so many tales of poverty when the time comes to pay the bill.

Therefore, to summarize, in addition to the conclusions arrived at in my previous article on *HOW TO GET PAID FOR DENTISTRY*, we may state that the advantages of a budget plan for dentistry are:

1. The rationalization of fees based on a sympathetic understanding of the family income and circumstances.

2. It lifts a financial burden off the backs and minds of many patients.

3. It enables the patient to receive adequate dental care instead of piecemeal emergency treatment.

4. It is a just and adequate system. Those who pay their bills are not taxed for the "dead-beats" who do not pay.

5. The dentist is freed from the vexation of writing collection letters in vain. He will not have to scrutinize daily the same old unpaid accounts on his monthly collection sheets. The problem of bookkeeping and collections will be solved to a large degree.

6. Unpaid accounts become a debt to the finance company and not to the dentist. Good will, created over a period of years, is maintained between patient and dentist.

7. The dead-beat will be virtually eliminated from your practice.

8. The response to the plan on the part of patients and dentists throughout the country indicates its national need and its practical applications.

120 Boylston Street  
Boston, Massachusetts

# A COUNTRY PRACTICE

## *is not very different*

by HARRY S. HAWKINS, D.D.S.

I GRADUATED from dental college, in 1932, and determined to practice dentistry in the country. Chicago had been my home for eighteen years; but the Chicago of 1932 was an alien land to me; it was no longer the benign city that I had heretofore known as home. With established practices falling away, I could visualize nothing but failure for the beginner; but a country practice—that was different. The fact that I knew nothing whatever about rural districts or a country dental practice was of no importance. By the simple process of induction I quickly arrived at the conclusion that opportunity was in the country.

Although I was lacking in specific knowledge of the problems I would encounter, I was well equipped with my own conceptions of the situation. The mere word "country" called up all sorts of pleasant associations in my mind—fresh air, green grass, wide spaces; but other associations not so correct occurred when I thought of the words "country dentist"—the idyllic

life of a bucolic individual with no overhead, no competition, who can at any time barter his work for any food he desires—this is wrong, all of it, and more besides. I have been here for three years, but it has not taken me that long to discover the errors in my preconceptions.

Fortunately, I was of adult age and had experienced some disappointments, so I was prepared to have some of my illusions dispelled. I still think, however, that the first blow was a foul, and that it was rather annoying and unnecessary: here I had traveled a hundred and fifty miles from Chicago to become a country dentist and there wasn't any country, at least the kind I had expected to find! To be sure, there were green grass and fresh air and open spaces, and my town of eight hundred was a full thirty miles from a city of any size—it wasn't these things that were wrong; it was the people. Country people (so I thought) stay at home. They do not jump into an automobile and travel thirty miles to see a movie with no

more traveling time and with less inconvenience than I had experienced in getting to the Loop at home, and they do not go back to the city on a shopping expedition the following day with some of them keeping appointments in city dental offices—but these people did. It was just like a Chicago suburb, and that is what the small towns of the United States are—a vast suburban area linked to each other and to the cities by a thousand splendid boulevards.

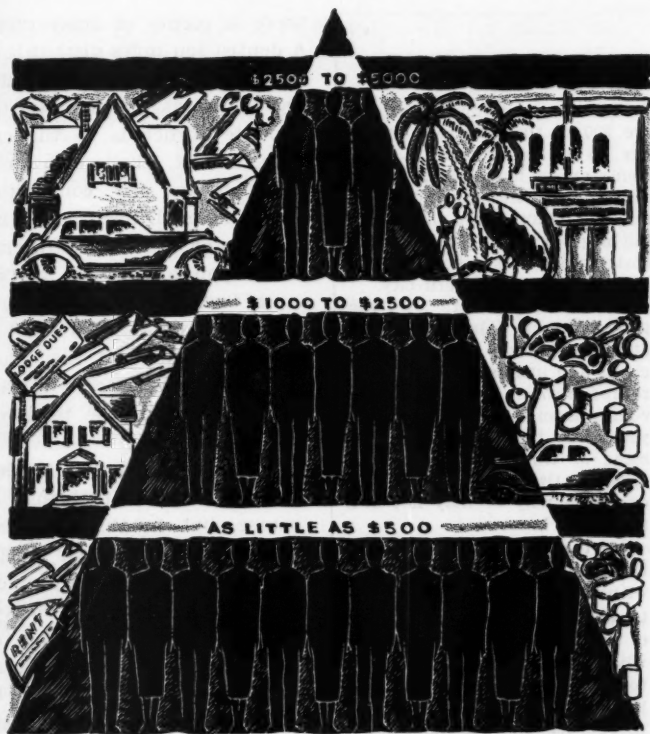
Soon after I discovered that I could not be a country dentist, another little misconception was corrected—that was the serious matter of overhead. I learned that I had confused the meaning of two terms: "rent" and "overhead" are not synonymous. Rent, I admit, is lower in the small town. Office rooms can be rented for as little as five dollars a month, but this advantage is largely offset by other items of overhead. Groceries, electricity, and ice are more expensive than in the large city. When I wish to obtain dental supplies in a hurry, the toll is twenty-five cents for the telephone call, and I must pay the postage on heavy articles. When I wish to get a case back quickly from the laboratory I must send it by bus, and the charge is twenty-five cents each way. Sometimes it is necessary for me to go to

the supply house for bridge teeth and other things that are needed at once, and to the price must be added the gas bill.

### Barter a Myth

A popular fallacy of the city practitioner is the belief that the man in the small town can always barter, especially for food. "You can always trade for a ham," I thought; but you can't. Farmers, as a rule, dislike to butcher, and butcher only enough meat for their own consumption. They prefer to ship their stock and pay their bills with cash; furthermore, even the farmer has, for several years, been short of hams. It is not difficult to exchange dental services for other work, but there is far less exchanging for food products than one would think.

A man coming from the city to the country to practice dentistry usually has a sneaking notion that he is just a little superior in ability to the dentists in nearby towns. This is a remnant of an old, old order of things, when an isolated country dentist, who had read a few books in dental school, sometimes neglected to read any more. One echo of this ancient order was brought to me by a man who came in for an extraction when I first began practice, because, he said, "Young dentists know all the new methods."



Rochester, Indiana, Incomes

I nearly maimed him for life while extracting an upper first molar and, I fear, destroyed his good opinion of modern dental education.

Another patient of about this period came in for the extraction of a lower molar. I grasped the tooth with the forceps and twisted and tugged, perspired, and finally had to stop, because I could not relax the muscles of

my right arm. The woman innocently inquired, "Do they teach you to take teeth out slowly now?" So, you see, a feeling of superiority is unwarranted by the facts. Present day country dentists are, as a class, just as alert and competent as their city colleagues—they are forced to be, because of competition.

Competition, even when one is the only dentist in town? Yes,

ROCHESTER INCOMES<sup>1</sup>

"The laborers' families (there are 500 of them in town) may live on as little as \$500 a year. Rents are as low as \$5 a month (average for the whole town is only \$17.) Clothes are cheap, and the biggest expense is food, which costs as much as it does in Chicago or any midwestern city.

"Above the laborers . . . are three or four hundred moderately well-to-do families, the clerks and little shopkeepers and retired farmers, who have incomes from \$1,000 to \$2,500 a year, who belong to lodges instead of clubs, who drive their cars for three years instead of one, who may or may not own their own homes.

"At the top of the pyramid are the hundred or more families with incomes ranging from \$2,500 to \$5,000 (maybe three or four of them have as much as \$10,000) who live in the best section of town . . . and own their own homes . . . They buy their clothes in Chicago and they may go to Florida in the winter or to New York for a week of theatres."

". . . certainly business is good now, filling stations and garages raking in money, cars selling at the rate of one a day, and farm machinery selling as well as it did in 1929. Chain grocers do about \$75,000 worth of business a year, independents about \$40,000, drugstores and shoe stores \$35,000. There's nothing the matter with business."


there is plenty of competition. A dentist ten miles distant is as much a competitor to the country dentist as a dentist on the opposite corner is to the city man; in fact, I believe that distance makes the competition stronger. Small town people become bored with each other and seize upon any excuse to "get out of town." This rule, of course, works conversely, so that a good proportion of any country dentist's practice will probably come from the territories of other dentists.


The country dentist is faced with collection problems, of course, but in this important matter he probably has a slight advantage over the city practitioner. Collections are likely to be slow in the country but the possibilities of collection do not decrease so much as the bill becomes older. Accounts are more likely to be "good" in the country. One reason for this is that the dentist comes to know those people who chronically refuse to pay their bills, and if he doesn't know their reputation it is easy to find out, because small town people know most of their neighbors' private affairs.


This rather general neglect even by those who are able to pay bills promptly sometimes embarrasses the dentist when the time comes to pay his own bills, and he is tempted to resort


<sup>1</sup>Small Town, Rochester, Indiana, *Fortune* 14:53 (August) 1936.

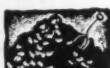
# A ROCHESTER BUDGET

	Country Club Dues \$25. Lodge Dues \$6	} \$ 70
	Telephone \$18 ~~~~~ Water \$6	
	Taxes (personal property) \$15	


	Car Insurance ~~~~~	\$ 45
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	Doctors and Medicine ~~~~~	\$ 50
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	Taxes (on \$4,000 house & lot) ~~~~~	\$ 76
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	Furnace (coal) ~~~~~	\$ 110
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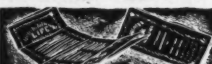
	Gas and Electricity ~~~~~	\$ 110
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	Rent (summer cottage) ~~~~~	\$ 150
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	Entertainment and Travel ~~~~~	\$ 175
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	Car (expense & amortization) ~~~~~	\$ 200
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	Clothes ~~~~~	\$ 210
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	Life Insurance ~~~~~	\$ 226
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	Food ~~~~~	\$ 540
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(Adapted from FORTUNE)

**TOTAL ~\$1965**

to high pressure methods of collection, but these methods do not work well in the country, and the everyday familiarity of the dentist with his patients makes their use difficult.

The "shopper," that universal curse of dentistry, appears at times in the country office, but he is likely not to be a local person. The local dental shopper takes himself to more distant regions where he is unknown and can go about his travels in peace. The local dentist usually knows sooner or later which people have gone elsewhere for dental work, and it seems to be a little more difficult for these people to face him every day when they have called at his office before going elsewhere to have work done.

#### Office at all Hours

Printed office hours mean nothing to the country dental patient. If he needs the dentist, he does not hesitate to track him down, and he is usually successful, unless the dentist is out of town. The knowledge that the patient can usually find the dentist at any hour may cause that patient to suffer all day long, and then at the last minute to seek relief. As long as the dentist can be found, 10:00 p. m., 6:00 a. m., Sunday, or any other time, it is "office hours." A patient once awakened me at 12:30

#### HOSPITAL AND MEDICAL FEES IN ROCHESTER<sup>1</sup>

"Patients pay \$42 a week for a private room with bath and service and \$18 for a bed in a ward. Allowing for charity patients Dr. Leckrone about breaks even on the running of the hospital. He comes out ahead though on surgical work. A major operation costs from \$100 to \$150.

Maternity cases .....  
\$25 or \$30 to deliver a baby  
Office call .....\$1.00  
House call .....\$2.00  
Night call .....\$3.00

"About one-third of all . . . cases are charity, and about two-thirds of the non-charity patients pay their bills. A physician who does \$7,500 worth of business in a year is doing well."

a. m. to replace a restoration that had come out, because "he was afraid that the tooth might ache." This patient, incidentally, was sober.

To the recent graduate, the country practice will offer difficult problems, because in most dental schools the students receive insufficient training in *exodontia*, and the judgment of their dentist by small town people is largely based on his skill in *exodontia*. If Mrs. Susan Brown suffers a dry socket on account of excessive trauma during an extraction, she will, from her seat on the front porch, so inform the whole town. Almost the entire population will, at one time or another, pass her house



during her convalescence, and those who do not pass will learn of the affair from their neighbors. If a rather large piece of process should come out with Mr. Henry Smith's molar, he will probably explain, from his nightly seat in front of the filling station, how his "jawbone was slivered." So, like the music, any misfortune in exodontia in a

country practice goes "round and round."

The variations, then, between a country and city practice are not so wide in the main, but the greatest differences are those that are the natural results of propinquity. The biblical admonition of "Love thy neighbor" is largely interpreted as "Know thy neighbor" in the country. But you can't, in fact, avoid it.

Newport, Indiana.

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#### DENTAL MEETING DATES

Marquette University Dental Alumni Association, thirtieth annual meeting and clinic, Milwaukee, Wisconsin, October 21-24.

American Society for the Advancement of General Anesthesia, regular meeting, Hotel Montclair, New York, October 26.

Odontological Society of Western Pennsylvania, fifty-fifth annual meeting, Hotel William Penn, Pittsburgh, October 27-29.

Ohio State Dental Society, seventy-first annual meeting, Hotel Cleveland, Cleveland, November 9-11.

Greater New York December Meeting, Hotel Pennsylvania, New York, December 7-11.

New Hampshire State Board of Dental Examiners, regular meeting, Manchester, December 17-19.

Alabama State Dental Association, sixty-eighth annual meeting, Battle House Hotel, Mobile, April 12-14, 1937.

American Society of Orthodontists, thirty-fifth annual meeting, Edgewater Beach Hotel, Chicago, April 19-22, 1937.

Illinois Dental Society, seventy-third annual meeting, Springfield, May 11-13, 1937.

American Dental Society of Europe, annual meeting, Paris, France, August 2-5, 1937.



## *On the Line* **FOR PARKER**

by WALTER H. JACOBS, D.D.S.

IT IS JUST a half hour before game time and the stands are almost filled. The classic stadium of the College of the City of New York, situated high on Saint Nicholas Terrace, overlooking the whole of Mid-Manhattan, is bathed in the soft mellow sun of an autumnal afternoon.

Below the stadium, in the north dressing room, forty men

are grouped in a circle. The air smells of liniment, wintergreen, and iodine. The furniture is composed of rubbing tables, lockers, and a few folding chairs. The room is dark in contrast to the green, glowing, chalk-marked gridiron outside. The men in the circle, bronzed, well conditioned, massive looking in their well protected football uniforms, listen tensely to the final in-

structions of their coach. In no uncertain terms he is explaining the way the game is to be played. Singling out the men, he talks to them confidentially, at times softly, and then suddenly raising his voice he brings out an important stratagem or points to a fault in their play that must be corrected. The stirring music of the band and the college cheers echo through the room as the men line up behind the captain. Then, with a last minute word of cheer and encouragement, the coach stands back and the varsity team trots out on the field. The coach and his staff of assistants walk over to the side lines and take places on the benches.

Suddenly the air is split by a roar from the stands. It is the "Big-Varsity" cheer for the team! And then another roar, the "Big-Varsity" cheer for the coach! The cheer ends with his name shouted three times—PARKER! PARKER! PARKER!

—The man they are cheering is Doctor Harold J. Parker, another one of our colleagues, who while still practicing dentistry has successfully engaged in an outside pursuit.<sup>1</sup>

Coaching athletic teams came easily to Doctor Parker. In high school and college his natural

athletic ability gained him places on the first teams. At the University of Pennsylvania where he prepared for dental school, he was active in football, baseball, basketball, and swimming. As an all around athlete, he absorbed all the technical and theoretical knowledge possible concerning these sports, and it was this knowledge that he later used to such good advantage!

In 1915, Parker graduated from the University of Pennsylvania School of Dentistry. During the war he entered the Army where his ability to coach athletics soon became recognized. In the Philippine Islands, where he was stationed at that time, there was need of a swimming coach. The Island team was to meet the teams of the neighboring regions. Parker stepped in, and he and his team made good! After the war and demobilization the doctor went back into practice, but the old desire to instruct the young fellows, the lure of the athletic field, and the clash of combat were stronger than ever. As a hobby, the doctor began to coach football at Mount Vernon High School, New York. His success with the team soon attracted favorable attention and he was called to coach football and basketball at Concordia Preparatory School, in New York.

In 1922 the College of the City

<sup>1</sup>Jacobs, W. H.: Leach Cross, Prize Fighter and Dentist, ORAL HYGIENE 25:1231 (September) 1935.

of New York, after a lapse of sixteen years, resumed varsity football. A coach was procured for the varsity team and another for the freshman squad. The athletic authorities at the College, realizing that a freshman team well grounded in the fundamentals was the answer to a successful varsity team, looked about for the man best fitted for the position, and again Parker was called.

As freshman coach in 1922 and 1923 the records of his teams were away beyond any expectations. There was no football tradition at the college, and because it was a free institution, there were no athletic scholarships that could be offered to attract high school stars; yet Doctor Parker's teams were metropolitan leaders! The success of the freshman teams so far overshadowed the varsity that the alumni and student bodies demanded that Parker be appointed head coach; and in the Fall of 1924 Doctor Parker took over the reins as top football man at the College of the City of New York.

#### The 1924 Season

Those of us who were at the College at that time will always remember the anxious moments before the first game of the 1924 season. The year before, the first team had lost all the games



DOCTOR HAROLD J. PARKER

and had not scored a single point. Now, what miracle could this dentist-coach perform to bring about a rejuvenation of the sport? Out came the teams—the game was on—and the crowd was amazed! A team that had not scored a single point the whole season before had already tallied two touchdowns in the first half! On went the team to victory and a glorious season, and if ever a coach deserved the

rewards of hard work, ability, and determination it was Doctor Parker!

From that time on football at C. C. N. Y. became a major sport and the Lavender teams more than held their own against their opponents. Parker's teams were fast, alert, and always played good, hard, clean football. As a prophet of the new, modern game Doctor Parker was one of the first coaches in the East to employ the "huddle" as against the old system of calling signals, and he opened up the hitherto "knock 'em down and drag 'em out" line plunging game with spectacular forward passes and deftly executed laterals.

The doctor held his position as head coach until two years ago when, after nine years of coaching, he felt the need of a complete rest from the strain and responsibility of his work. For, besides coaching football, Doctor Parker was busy in the Winter season with the freshman basketball team, and in the Spring with the College baseball team and, please remember, during all this time he was practicing dentistry, attending dental meetings, and postgrad-

uate courses! Did an athlete break a tooth during a game? Did someone on the team need dental service but could not see his way clear to pay? Parker was always ready to help! Doctor Parker did not leave the College when he gave up his coaching positions. The faculty appointed him lecturer in hygiene and in that position he now gets across his message of health, mental and physical, to the students.

To see Doctor Parker in football uniform, on the practice field, and to hear him "lacing" it into the team, hammering away at the players in a loud, staccato voice, one would never picture him as he is in his office, quiet, reserved, and considerate. Two different men in one is this Parker! A driver, a scrapper as a coach; a gentleman, and a credit to his profession as a dentist. Doctor Parker is in general practice at 342 Madison Avenue, New York City. He is an active member of the American Dental Association and the First District Dental Society, and is always ready to discuss his three great hobbies—hygiene, football, and dentistry.

124 West Ninety-Third Street

New York, New York

# Editorial Comment

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GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO ARGUE  
FREELY ACCORDING TO MY CONSCIENCE ABOVE  
ALL LIBERTIES.

*John Milton*

## WHAT WILL THE NEXT PRESIDENT DO?

EVERY DENTIST should be interested in any views expressed by the Presidential candidates with respect to health insurance. None of the candidates has yet made any tangible or definite commitments on the subject. Other matters are, no doubt, of greater importance to the country, but none is of more vital concern to the dental profession. We can anticipate the attitudes of the candidates on this subject only from past behavior and predict the future political philosophy of the successful candidate by the method of projection. Such an interpretation, if it is to have any validity, should be strictly non-partisan, and not political propaganda in disguise.

Health insurance is part of the *social security triad*. In Europe it preceded unemployment and old age insurance. We cannot consider health insurance apart from this triad. Although no health insurance law is at present on the statute books of any state, social planners are restive to complete the triad of social security legislation and to add health insurance to unemployment and old age insurance, which are already provided. We cannot, then, look at health insurance detached from the movement to protect people from the vicissitudes of ill health, dependent old age, and unemployment.

Mr. Roosevelt, although not the father of social security laws, is the most powerful advocate in the country. Through his efforts the ideals of social reformers were raised from their monastic obscurity to become the subject of popular debate. In four years Mr. Roose-

velt has done more to make the country aware of social security than his predecessors had done in forty years. In the opinion of some, this has been his greatest contribution; whereas others think that it brands him with the tag of socialist.

The reality of the cost of unemployment insurance and of old age pensions is now a matter of practical concern to employers who must plan their affairs to begin allocation to the fund in January, 1937. The benefits are but a remote prospect to those in need. At present, only the employers, the chief contributors to the funds, clearly understand the implications in social security. Many of these executives are opposed to the Roosevelt administration. They object to any extension of the Social Security Act to include health insurance—not because they would wish to champion private practice, but because they do not want the expense of health insurance added to a fiscal structure already loaded with heavy taxes.

Mr. Roosevelt's greatest strength is among the working people. This class includes small business men and working men who will be beneficiaries under the Social Security Act. Although they have neither the money nor the mechanism to make their approval as articulate as the disapproval of the Roosevelt opposition, there have been a few spokesmen for this group, particularly trade union leaders. These men have suggested an interest in health insurance, but the group, as a whole, has not yet grasped the significance of unemployment protection and old age pensions; therefore, they are not ready to advocate health insurance. As soon, however, as some benefits are paid and working people see the project in action rather than as a plan on paper, interest in social security is certain to be greatly stimulated. Then we might expect to see health insurance legislation enacted. As the one who inspired the original Social Security Act, we might expect to see Mr. Roosevelt advocate the completion of the triad by the inclusion of health insurance. His greatest strength is among the people who would become the beneficiaries, and not among the ones who would pay the major part of the bill. In face of the organized opposition to health insurance, Mr. Roosevelt is probably awaiting a surge of sentiment for health insurance



from the working people before proceeding. Such a sentiment could easily be stimulated during the next four years.

By temperament and training Mr. Landon is apparently conservative in his attitude toward costly experiments in social security legislation. Laws have been enacted which hold out a promise of security to a larger portion of our population. Neither Mr. Landon, nor anyone else, is likely to suggest that these laws be repealed. In his acceptance speech Mr. Landon indicated that he believed the Social Security Act should be made "workable." This could hardly be called a definite statement. It might even be interpreted to mean that the present scope of the Act is too wide, therefore, unworkable, and that it should be amended by contraction. In any case we would not expect to see an enlargement of social security legislation under Mr. Landon's administration to include health insurance. In fact, in his address before the American Medical Association in May, he clearly indicated his belief that the professions should work out the plan for the extension of health care and that "medicine will not willingly be made the servile instrument of domineering bureaucracy." Mr. Landon is strongly supported by the propertied classes. They oppose social security legislation because of the price involved. It is unlikely that Mr. Landon would propose legislation that would reach further into the pocketbooks of these people. Health insurance would do that.

Mr. Lemke does not represent a political party but an amalgamation of social malcontents. Mr. Lemke, with his Townsend-Coughlin-Smith following is confronted with so many plans from his supporters that it would be almost impossible for him to set up a definite program that would please the sensitive temperaments of his adherents. The only philosophy that all his followers hold in common is a desire for some kind of reform that will create an economic society in which "social justice" will prevail, "wealth will be shared," and all people in their old age will have a "two hundred dollar a month pension."

Utopians have always had a hard time getting into office and a harder time staying there. No one except Mr. Lemke and his friends

expects Mr. Lemke to be elected. If he were, he would probably be happy to advocate health insurance, because it would pretty well fit into the desires of all his followers. The significance of his candidacy is in the bringing together of all the proponents of extensive economic change. Mr. Lemke's popular vote will indicate how many people are in this classification. If the number is large and the members of this group could be held together, they might act as an inciting irritant to whatever President occupied the White House. If they clamored enough, Mr. Roosevelt with his temperamental leanings in their direction would probably concede some of their demands; one of which might be health insurance. Mr. Landon, despite a mandate from the conservatives in the country, could not ignore the demands of the former Lemke followers. Mr. Landon could temporize; he could make minor concessions here and there—one of which might be health insurance.

In any case, neither Mr. Roosevelt nor Mr. Landon could disregard the former Lemke followers, if they are held together in any numbers by their leaders. If this group polls a vote significantly larger than that of former Third Party candidates (Theodore Roosevelt, 4,126,020, in 1912 or Robert M. LaFollette, 4,826,471, in 1924) it will mean that the President who is inaugurated in January, 1937, will be faced with an organized minority party united by the single bond of social and economic reform. *All* these people and their families will be confronted with the problem of sickness and disease. Is it not conceivable that a common meeting ground for their demands might be health insurance?

Edward J. Ryan

# DEAR ORAL HYGIENE:

"I do not agree with anything you say,  
but I will fight to the death for your right  
to say it." —VOLTAIRE

## College Clinics

In the July issue of *ORAL HYGIENE* Doctor S. Joseph Bregstein<sup>1</sup> has written on a subject that has been close to my heart for many years. He knows the facts and presents them as they really are.

Our worst competitor in this city is a dental college; a far worse competitor than the advertising dentist. I know of several of my well-to-do patients who have gone to the school for dental services, while perhaps I sat waiting for patients. Most of these are farmers who own their own farms and went to this school clinic even before the depression.

The wife of the owner of a retail store in this city went there, I have been told, and one of the professors made her a set of gold dentures for \$500.

How much longer are we going to permit this abuse to continue? Are we going to sit idly by and allow this thing to grow? Why not stop procrastinating and begin to do something definite to eliminate this evil? Our colleagues, the physicians, do not tolerate this condition, why should we?

Dental colleges should not be allowed to charge more than the cost

<sup>1</sup>Bregstein, S. J.: Competition from College Clinics, *ORAL HYGIENE* 26:907 (July) 1936.

of materials and that only to those that are unemployed and people in the lower brackets who are unable to pay the regular fee to the general practitioner.

Let us have more action and less talk!—H. M. Buxton, D.D.S., *Council Bluffs, Iowa.*

## The Insurance Examination

I was interested in reading *DENTISTS AND FOCAL INFECTION* by Doctor Millard D. Gibbs<sup>2</sup>. He has made some pertinent comments, especially with reference to the lack of dentists in connection with health examinations made by insurance companies. Many physicians seem to think that the dentist has no place in a health program. I am firmly convinced members of the dental profession should stand four square for an equal representation in all health matters. I have seen instances in which a dentist was better qualified to take charge of a health program and develop it than a physician.—Charles L. Daniels, D.D.S., *Aurora, Illinois.*<sup>3</sup>

<sup>2</sup>Gibbs, M. D.: *The Dentist and Focal Infection*, *ORAL HYGIENE* 26:918 (July) 1936.

<sup>3</sup>Editor's Note: Doctor Daniels was formerly the State Dental Supervisor in the Illinois State Department of Public Welfare.

## Dentistry and the Economic Picture

I was glad to see your pertinent editorial in the current issue of ORAL HYGIENE. It gives me an excuse to write to you of things that I have had in mind for some time.

Present tendencies that would disrupt or remold our economic structure prompt retrospection. When did this revolution become a demonstrable force? I am wondering if, since the inception of our profession, decadence cannot be dated from the attack made on, or perhaps the capitulation of, the proprietary dental school.

In this connection it is interesting to note that Mayo Brothers, a private institution, goes merrily on and has a postgraduate course that knows no superior. So we cannot be too sure that our non-proprietary schools are the answer to all that is finest and best. Just as a stray thought, I might add that I am sure no private school could afford to carry all the dead timber we find posing as instructors in some of our Universities.

If I am not in error, then, we may consider the eradication of the proprietary school the first major accomplishment of the altruistic group. The second conquest, which seems to have lost force for the time being, was aimed at the subjugation of our professional press. The third great objective is apparently the subjugation of business. Disguised as the Council on Dental Therapeutics, some superior force would dictate the amount and kind of advertising used by commercial interests connected both directly and indirectly with dentistry.

As I see the issue, when we discuss the dentifrice situation, publish an article such as ELEPHANTIASIS,<sup>4</sup> and so on, we are only dealing with incidents that go to make a whole. What we are striving for is the pres-

ervation of principles; that is, ideals that have been the tradition of American people from the days of the Continental Congress.

Speaking of principles involved in our professional lives, are we not confronted with exactly the same revolution that is going on beyond the confines of our profession? In this connection I should like to call your attention to a seventh and eighth grade text book that is used in many of the schools of our country. It is entitled, AMERICAN GOVERNMENT AND CULTURE, and owes its authorship to one Harold Rugg, a Professor of Education at Columbia University.

All through the text the author implies, in a none too subtle manner, that our form of government was not any too desirable even from the beginning; while big business is portrayed in the rôle of Simon Legree, the farmers and laborers take the part of Little Eva. As you may have already suspected, democracy as envisaged by certain educators, is cast in the rôle of the hero. The Supreme Court is cast as a relentless bloodhound that knows but one master, Special Interests.

Mind you, this book was written prior to 1932, yet terms and tendencies of this text are a prophecy of the new social order; so much so that there can be little doubt of a common origin. By the way, the text even suggests that advertising should be modified to conform to the ideas of some superior being. I could go on writing to you for hours on this subject and undoubtedly bore you to death. There is, however, one thing I must get out of my system before closing.

In a maze of apparently unrelated revolutionary activities, one may find a definite pattern; a pattern or design so stupendous that it

<sup>4</sup>Belding, P. H.: Elephantiasis, ORAL HYGIENE, 25:1089 (August) 1935.

is beyond the comprehension of ordinary mortals. This design, I believe, can without error, be called the new social order and, being such a beautiful yet illogical and impractical scheme, it could not owe its origin to others than those who have had little worldly experience. Yet, as impractical as experience had proved this design to be, it is still being perpetuated by those of the same ilk as the original draftsman. It has penetrated our political, religious, educational, and professional lives, and as I see it, these forces recognize that as a people we are not interested in collectivism as an issue.

Whether we like it or not, they are trying to foist the socialistic monster on us, disguised in the rôle of that once respectable Democratic party.

To me, the coming National election concerns itself with issues that are identical with those we have within our American Dental Association. It is not a question of democrats and republicans or of tooth-pastes and independent publications, but whether we wish to preserve the traditional form of American Government.—P. H. Belding, D.D.S., Waucoma, Iowa.

### Dental Advertising Law

On page 669 of the May issue<sup>5</sup> of ORAL HYGIENE, mention is made of the fact that the State of Kentucky has, by legislative enactment, placed the *ban* on dental advertising. Feeling that it might be of interest to those who have not heard of it, I am writing you this letter, and sending you a copy of the late amendment passed by the last session of the Mississippi Legislature, of which I happen to be a member.

We thought we already had a

fairly good law on the subject of dental advertising, but despite that, advertisers flourished in several of the larger towns of the state, especially in the capital city of Jackson, Mississippi. After much hard work on the part of the Mississippi Dental Association, which had one of its own members in the Legislature, a bill was framed, patterned after the Oregon law, and passed by this vote.

#### House of Representatives

Yes .....94

No .....21

Not voting .....25

#### Senate

Yes .....18

No .....6

Not voting (present) .....1

Not voting (absent) .....24

Under a certain section of our present dental law, the Board of Dental Examiners is empowered with authority to have any violators of any part of the law prosecuted. Since the enactment of this new amendment, no dentists have ventured to advertise prices, use glaring signs, make claims of superior dentistry, or performing operations without pain. In other words, it now looks as though we will be freed of advertising dentists.

Here is an excerpt on dental advertising from the new part of that law, which may be of interest to your readers:

"License suspended for cause. The State Board of Dental Examiners shall, upon satisfactory proof, revoke or suspend the license of any licensed dentist or dental hygienist practicing in the State of Mississippi, for . . .

"Advertising professional superiority or the performance of professional service in a superior manner; advertising prices for professional service; advertising by means of large display, glaring light sign or containing as a part thereof the representation of a tooth, teeth, bridge

<sup>5</sup>Ban Dental Advertising ORAL HYGIENE 26:669 in Dental Compass. (May) 1936.

work or any portion of the human head, or employing or making use of advertising solicitors or free publicity press agents; advertising any free dental work or free examination; advertising to guarantee any dental service or to perform any dental operation painlessly; or advertising any commercial dental laboratory or clinic, either pay or free, when same is operated in connection with the practice of a licensed dentist or dental hygienist.

"APPROVED by the Governor and became a law March 26, 1936."

—A. B. KELLY, D.D.S., *Yazoo City, Mississippi.*

### Hints for Doctor Simple

Doctor Simple<sup>6</sup> had quite a time as shown in August ORAL HYGIENE. No wonder. Permit me to suggest that, in future articles of this type, the Editor point out the reason for the trouble. Not every dentist has as much technical information as he needs. Dry sockets are still all too common.

Doctor Simple should have:

1. Taken away the drinking glass before extracting.

<sup>6</sup>Quillen, C. M.: Experiences of Doctor Simple, ORAL HYGIENE 26:1042 (August) 1936.

2. Avoided loading Miss Dance's jaw with adrenalin.

3. Properly trimmed away enough bone to permit the flesh to fairly cover the wound.

4. Immediately after extraction, covered the wound with a sterile napkin and had her hold it in place with the opposing teeth.

5. Refused to permit her to talk until the wound had been filled with blood.

6. Cautioned her not to disturb the wound for twenty-four hours.

7. Explained to her that mouth washes are to be religiously avoided until after the clot is formed.

8. Advised her to eat carefully until the next day.

If he will follow this practice in the future, he will be less simple and have fewer dry sockets.

The reasons "Old Bill" had no trouble are that:

1. Plenty of blood was in the wound.

2. Marginal bone was cut back until the flesh covered the wound.

3. "Old Bill" did not "monkey" with the wound.

—AMOS G. STIKER, D.D.S., *Addison, New York.*

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## PIONEER DENTIST OF WASHINGTON

Since 1874 Doctor C. W. Chamberlain has been practicing dentistry in the State of Washington. He was born in Boon, Ohio, in 1848, and began his dental practice by traveling through the three northern counties of Kansas, then he proceeded to Missouri, and finally reached Washington when it was still a territory. Here he began the practice of dentistry in Tacoma sixty-two years ago, and with the assistance of Doctor Burkhart of the same city he organized the Tacoma Dental College. In 1898 it had nine graduates. At the age of 88, Doctor Chamberlain is still in active practice at 206½ East Yakima Avenue, Yakima, Washington.



# Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

## Ill-Fitting Dentures

Q.—More than a year ago I extracted from a patient's upper jaw the roots and what remained of seven teeth. They had carried a gold bridge for a long time.

The next day I placed a full upper denture in this patient's mouth. In two months the shrinkage was so great that the patient could not use the denture any longer so I made another one. In a year and a half I have made five dentures for this patient and he is now ready for another. They do not stay in position except for about five or six weeks; then the patient cannot keep them in unless he uses a powder. I have taken impressions with all the varieties of material that are made and by all the methods that I know and the dentures adhere well for a short time then drop, either when he is talking or not talking. I have changed the kind of teeth four times; the last time using the inverted cusp, which made some improvement.

The patient is wearing a partial lower lingual bar, but apparently has no trouble with it, and the upper denture does not make the mouth sore. Judging from their appearance the impressions I take do not seem to be much changed from time to time, but the dentures simply will not stay in place after a few weeks.—A. M. M., Illinois.

A.—When I started to read your letter I thought of poorly calcified bone shrinking rapidly under the stress of mastication. But, when you say that there does not seem to be much change in the shape of the later casts, that would seem to rule out rapid shrinkage. Is the mucous membrane hard and glassy, lacking compressibility and vascularity? If so, you might try letting the patient wear a velum lining for a year or two. Or possibly you have been fitting the dentures with a little too much peripheral extension where the muscle attachments exert a dislodging tension during their various movements. Possibly the teeth are set to an unbalanced occlusion so that in certain positions of the jaw the patient exerts a tipping leverage on the denture. Possibly the patient breaks the suction unnecessarily by the way he uses his muscles or the way he attempts to eat with them.—V. C. SMEDLEY.

## Excessive Saliva

Q.—I have a patient, a boy, thirteen, who has a number of compound cavities in the mandible necessitating the use of gold inlays.



I have been troubled to no small extent by the excessive flow of saliva, which greatly interferes with my making a direct wax pattern. I have had the patient use hot water before I started working, but to no avail. If there is any suggestion that you can offer regarding the control of the flow of saliva in such cases, I should greatly appreciate your doing so.—R. J. M., Louisiana.

A.—I suggest that you try having the patient rinse his mouth with a strong hot salt solution continuously for five or ten minutes just before you start to operate. If this is not effective, all secretions of the body can be checked by administering atropine.—V. C. SMEDLEY.

#### Irritated Tissues

Q.—I should like to have you advise me about this case. A woman of 50 is wearing a full upper denture. The entire palate and gums are red and inflamed. Leaving the denture out of the mouth does not seem to help much. Could you advise me how this condition could be relieved?—R. M. C., California.

A.—I cannot tell you the reason for this condition but possibly the occlusion is slightly out of line so that the tissue is traumatized by a slight shifting of the base under occlusal stress. I would examine the palatal surface carefully with magnifying binocular glasses and remove any roughness which might have been caused by bubbles or scratches in the cast.

I would check also for nerve or

blood vessel impingement over the foramina, particularly the anterior palatine. With all of the foregoing possibilities ruled out, if the tissue is still inflamed, I would change the denture to some other base material, having the patient go without the denture for a few days until tissues are restored to a normal condition before taking an impression.—V. C. SMEDLEY.

#### Allergy

Q.—I have a patient who has been wearing a full upper denture for twenty years, also a lower bar case until three years ago, when I fitted a full lower denture for her. Since the lower denture was changed there has been a swelling of the lower lip and glands of the neck accompanied by a burning sensation which starts at the corners of the mouth. This develops about three or four minutes after drinking wine or beer and after eating pickles and lasts for three or four days; after which time it subsides.

Dentures cause no discomfort and the patient appears in good health otherwise. Any advice you may offer would be greatly appreciated.—E. L. B., Minnesota.

A.—I would advise your patient to refrain from the three things mentioned. She is probably sensitized to them. The denture probably has nothing to do with the condition. It may be just a coincidence that the allergy seemed to develop at the time of the change to a full denture.—V. C. SMEDLEY.



A girl just shut off the radio which had been going at full blast. She turned excitedly to her father.

Girl: "Dad, that's the latest jazz piece played by the best orchestra in New York. Did you ever hear anything so wonderful?"

Dad (who had been trying to read his evening paper, grunted): "No, I can't say I have, although I once heard a collision between a wagon load of empty milk cans and a farm cart filled with ducks."

Tourist (in mountains): "This is a wonderful place. I'm sure I can get plenty of ozone here!"

Native: "Yes, stranger, all you have to do is to leave a jug and a half dollar at the side of the road; go away for five minutes and when you come back the money will be gone and the jug will be full."

Reporter: "Were you ever engaged to Donald Furbush?"

Movie Actress (to maid): "Edna look in my file cabinet under 'F' and see if I was."

Boss: "When you called up my wife and told her I would be detained at the office and would not be home until very late, what did she say?"

Steno: "She said, 'Can I depend on that?'"

The top sergeant sang out just before the company was dismissed:

Top Sergeant: "All those fond of music step two paces forward!"

With visions of a soft job in the regimental band, half a dozen men stepped out.

Top Sergeant (growling): "Now then, you six mugs get busy and carry that piano up to the top floor of the officers' quarters."

Tommy: "Dad, what's a kangaroo?"

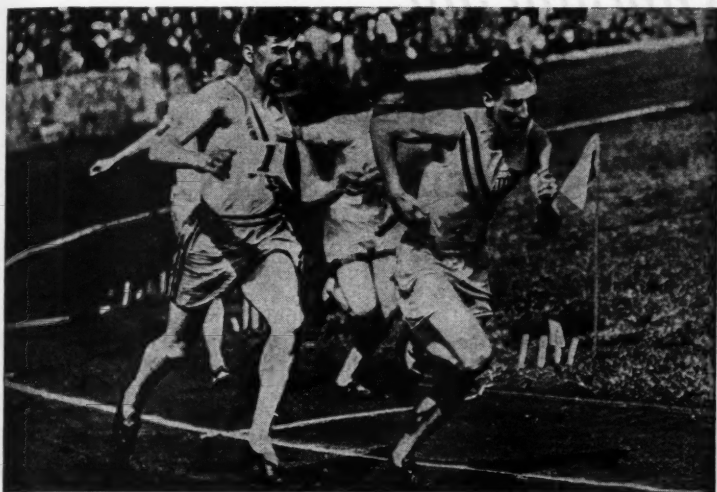
Dad: "An attempt by nature to produce a safe pedestrian, my son."

"How do you spend your income?"

"About thirty per cent for shelter, thirty per cent for clothing, forty per cent for food and twenty per cent for amusement."

"But that adds up to 120 per cent."

"That's right."



## ONLY THE BEST COME THROUGH

After 22 years of competition "meeting all comers", the Ney-Oro B series is today more favored than ever before for  $\frac{3}{4}$  crowns, bridge abutments, pontics, dummies and hard inlays. The NEY idea of "specific golds for specific purposes" has survived because basically sound.

NEY-ORO B \$2.30

NEY-ORO B-2 \$2.05

NEY-ORO B-20 \$1.71

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COMPANY

HARTFORD, CONN.

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CHICAGO, ILLINOIS

# Announcing

A New, More Effective Agent for  
cold Sterilization

## MYNOL STERILIZING SOLUTION (new)

Here is authoritative information on a new and more effective Mynol Sterilizing Solution:

In clinical tests conducted by the Philadelphia Clinical Laboratories, a highly reputable scientific organization, the new Mynol solution was found to perform with unprecedented effectiveness.

The laboratory report shows that:

Instruments exposed to pyorrhea germs were rendered sterile after immersion of one minute.

Instruments used on Vincent Angina cases were made sterile in a four minute immersion.

Cultures of a virulent strain of *Straphylococcus Pyrogenes Aureus* were sterilized in a one minute immersion.

This new efficient sterilizing agent provides dentistry with an effective convenient aid for protection for both the operator and the patient. There is a place for cold sterilization in every dental practice, no matter how modernly equipped with high temperature sterilizing apparatus.

Now you can be sure, without loss of time, that every bur, mirror, explorer—every instrument you use is thoroughly sterilized. Now you can *know* that every patient is given maximum protection against infection. Mynol Solution is highly alkaline and will not rust or corrode the finest steel.

This new solution can be purchased in quantities of one gallon for \$5.00; one quart, \$1.75, or a pint, \$1.00. Order from your dealer or return the coupon.

### How Complete Are Your Diagnostic Records?

Do you have a complete diagnostic record on every patient? Mynol Diagnostic Charts designed by Dr. Arthur B. Crane provide a complete diagnostic plan. Sample copies on request.

The Mynol Chemical Co., 5217 Whitby Ave., Philadelphia, Pa.

- ☐ The enclosed check is in payment for (gallon, quart, pint) of Mynol Sterilizing Solution.  
☐ Please send me a specimen Oral Diagnosis Chart.

Dr. ....

Address .....

City ..... State .....

Dealer .....

## Now, for the first time . . .

you can safely recommend a Tooth Paste in which price and size are not the measure of quality—

This large tube of CRAIG-MARTIN TOOTH PASTE retails for 10c and bears this Seal of Acceptance of the American Dental Association—



This efficient, pleasing Tooth Paste, combining laboratory-tested cleansing and polishing agents with magnesium hydroxide equivalent to over 50% milk of magnesia—is within the price range of all.

Nearly twenty million tubes of CRAIG-MARTIN TOOTH PASTE have been purchased and used by the American public in the last few years WITHOUT AID OF ADVERTISING.

10c Large Size

20c Giant Size

### CRAIG-MARTIN TOOTH PASTE

*Sold at*

F. W. WOOLWORTH STORES

and

S. S. KRESGE STORES



ACTUAL LARGE  
10c SIZE

Comfort Mfg. Co.  
500 S. Throop St., Chicago, Ill.

OH-10

Please send samples of Craig-Martin Tooth Paste to:—

Name ..... D.D.S.

St. & No. ....

City ..... State.....



● Team-work that wins patients by eliminating pain—that's great team-work!

You appreciate that pain prevention is an important factor in building a practice. Patients return more readily when dental work has not caused suffering.

The strictly ethical POLORIS products, teamed together, prevent pain associated with dental disorders.

POLORIS DENTAL POULTICE, applied locally,

## POLORIS DENTAL POULTICE

Used and Prescribed by Dentists for 21 Years.

## POLORIS TABLETS

Like POLORIS POULTICE this newer dental product is not advertised to the consumer.

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## Great team-work

relieves inflammation, congestion and irritation—  
starts counteraction before reaction sets in.

POLORIS TABLETS, operating through the circulatory system, minimizes and allays nervous tension and pain associated with dental disorders.

Administer and prescribe this Ideal Combination treatment before and after all instrumentation, and build up *your* practice.

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POLORIS COMPANY, INC., 79 East 130th Street, New York City (HY10)

Please send me free professional supply of POLORIS DENTAL POULTICE and POLORIS TABLETS.

Doctor \_\_\_\_\_

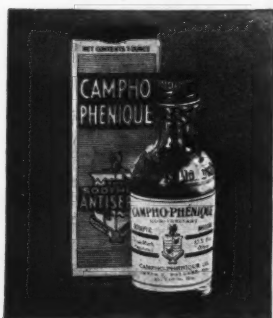
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City \_\_\_\_\_ State \_\_\_\_\_

My Druggist is \_\_\_\_\_



## In Post-operative HEMOSTASIS and ANALGESIA...



### with **CAMPHO-PHENIQUE**

**A**FTER extractions, hemorrhage is properly controlled and pain subdued by insertion of Campho-Phenique on a pledget of cotton.

Campho-Phenique in dry sockets insures against infection and promotes healing. Bacteriolysis is effectively secured without irritation.

As an extra precaution, instruct your patients to get a bottle of Campho-Phenique from the Drug Store.

Campho-Phenique is available in 1, 2, & 4 ounce bottles at all Drug Stores and Dental Supply Houses.

Safeguard your work by adequate follow-up recommendations for intervals between office treatments.

**Campho-Phenique Company**  
500-502 North Second Street  
St. Louis, Mo.



**FREQUENT WASHING**  
but  
**NO CHAPPING**

● Keeping hands soft, smooth and comfortable is always a problem with a dentist *because* frequent washing and the use of strong solutions are part of the daily routine.

Yet, regardless of the punishment your hands must take, you can keep your hands soft, smooth and comfortable at all times by using just one drop of Italian Balm after each washing. This rich, wide-spreading, scientific preparation will protect your hands against dryness, coarseness, and chapping. Here's a hint on shaving—try using a drop of Italian Balm right with your lather or brushless cream.

Italian Balm is for sale at all drug and department stores in 35c, 60c and \$1.00 bottles.

*Campana's*  
**Italian Balm**

THE ORIGINAL SKIN SOFTENER

"America's Most Economical Skin Protector"



That  
**SPLIT**  
Makes *all*  
the Difference!

**A**ND the pictures show why the Split-Ring Anchorage makes all the difference between a tooth with firmly anchored pins and a tooth whose pin attachment is weak.

Note how the SPLIT allows the Split-Ring Anchorage to close as the fusing porcelain contracts about it, insuring strong porcelain around the attachment.



Such perfect union between tooth and anchorage is as impossible with a *solid*-ring anchorage as it is with a baked-in pin. Neither can give with the contracting porcelain, and their resistance is frequently reflected in weak attachments and often in checks at the pin line.

To be sure of getting teeth with SPLIT-RING ANCHORAGES—  
Specify

## TRUBYTE

Their firmly baked-in Split-Ring Anchorages,  
to which Gold-Clad pins are soldered,  
assure freedom from pin  
troubles.

THE  
**TRUBYTE SYSTEM**  
THE DENTISTS' SUPPLY COMPANY  
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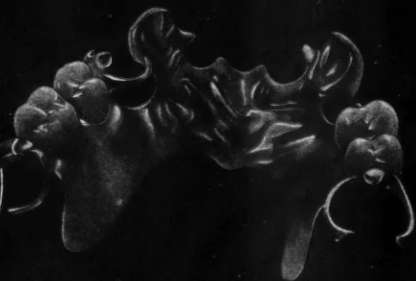
The ORIGINAL  
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Denture Gold—  
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GOLD COLOR

**\$1.71**

per dwt.

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The PATRICIAN  
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A dependable,  
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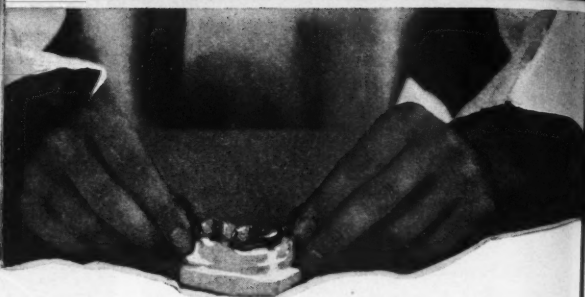
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**M**ore and more, modern Dentistry is favoring Kerr Rapid-Stone as material for models. Mixed, it is only a little thicker than plaster. Setting in only ten or fifteen minutes, it assumes a crushing strength of four or five tons.

Models made of Kerr Rapid-

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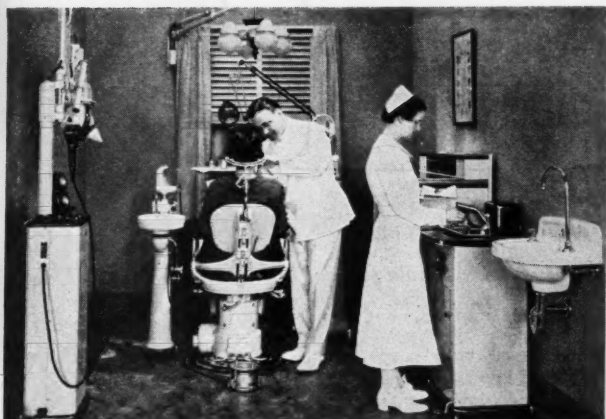
Best of all, Kerr Rapid-Stone never varies from its standard quality. Our system of Controlled Production checks every ingredient and manufacturing step.

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**KERR**  
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**RAPID-  
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BUILD **NEW** WITH PROPER SURROUNDINGS

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**Y**OU must be aware of the real value you have in your right to practice dentistry. No miracle will build new or rebuild lost practices — Ritter has a professionally manned Practice Building Service available to those investing in new major articles of Ritter Equipment—and a new **RITTER PAYMENT PLAN**.

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*it's sound buying to  
modernize with  
a Castle...*

**... AND "GOOD PRACTICE"  
TO INVEST IN *Cast Bronze*,  
FULL-AUTOMATIC *Value*.**

Even though your old sterilizer may still boil water, just give it a critical "once over" and compare its appearance to a modern Castle recessed model. Picture the difference in *your* office... the reaction of patients... as well as your own sense of safety and pride.

And as to value, a Castle is lifetime. Its boiler is a solid Bronze Casting—you'll never have trouble from leaks and no up-keep cost... and the control is Full-Automatic, which means that it runs itself. No 3-heat switch, yet it does automatically all that a control switch should do if remembered.

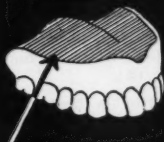
Write for new book "Modern Sterilization" showing sterilizers for every budget. Wilmot Castle Company, Sterilizer Headquarters, 1101 University Ave., Rochester, N. Y.



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*50 Years of Quality Leadership*



# 1 *strong, beautiful rubber for the full denture!*



as strong as  
a base rubber



as beautiful as  
a veneer



## **McCORMICK'S No. 8 Pink Base (Featherweight)**

One rubber to take the place of two! Strong as a good base rubber—vital as a good veneer—these are the qualities of McCormick's No. 8 Pink Base.

Upon actual test and use in the mouth, McCormick's No. 8 Pink Base has proved that it fulfills every requirement.

Try McCormick's No. 8 for the full plate or use it as a base faced with McCormick's Blended Pink or plain veneers. Order from your dealer or specify to your laboratory.

This coupon will bring you a trial order of McCormick's No. 8 Pink Base.

E. J. McCormick Rubber Co.  
Passaic, New Jersey  
I am enclosing \$1.00 for which kindly  
send me trial package of McCormick's  
No. 8 Pink Base Rubber.  
Dr. ....  
Address .....  
City & State .....

# VITAMINS IN CANNED FOODS

## IV. VITAMIN B<sub>1</sub>

• The story of vitamin B<sub>1</sub> is quite long and involved. Properly, it has been fully covered at some length in authoritative dissertations on the vitamins (1).

The original vitamin B of Eijkman and of Funk, while definitely possessed of antineuritic potency, is now known to be of a complex nature. Between 1919 and 1926, the vitamin B complex was resolved into vitamins B (B<sub>1</sub>) and G (B<sub>2</sub>). Subsequent work has indicated the existence of other vitamins in the complex, whose chemical natures or relations to human nutrition are not as yet clearly understood.

As a direct result of many researches on vitamin concentrates, the chemical identity of the crystalline antineuritic factor has recently been described as a derivative of 6-aminopyrimidine (2).

It has been known for many years that vitamin B<sub>1</sub> may be destroyed by heat. In the canning procedure, a number of heat treatments of food may be involved, especially in the thermal "processing" of the product to insure its preservation. In the "process", many foods are subjected to a heat treatment after sealing in the can, to destroy spoilage organisms which may be present on the raw material. In other cases, the food is filled into the cans at a sufficiently high temperature to obtain the same result. Therefore, the question of

the effect of the canning procedures on vitamin B<sub>1</sub> frequently arises.

The times and temperatures necessary for the processing of canned foods are governed by a number of factors, important among them being the pH of the food itself. Highly acid foods require only short heat processes at the temperature of hot or boiling water to destroy spoilage organisms. The so-called "non-acid" or "semi-acid" products require higher temperatures—usually 240°F. (116°C.).

As might be expected, acid foods have been found to suffer only a slight loss of vitamin B during canning (3).

The degree of retention of vitamin B<sub>1</sub> in the non-acid foods is not as high as in the acid foods. (4).

This is partly due to the heat treatments accorded them and possibly also to their low acidity, since the vitamin is more stable in acid media.

The facts in the case may be summarized briefly by the statement that commercially canned foods may be depended upon to supply vitamin B to extents consistent with the amounts of the vitamin originally present in the raw materials from which they were prepared. Because of their widespread use, canned foods contribute a notable amount of vitamin B<sub>1</sub> to the American dietary.

## AMERICAN CAN COMPANY

230 Park Avenue, New York City

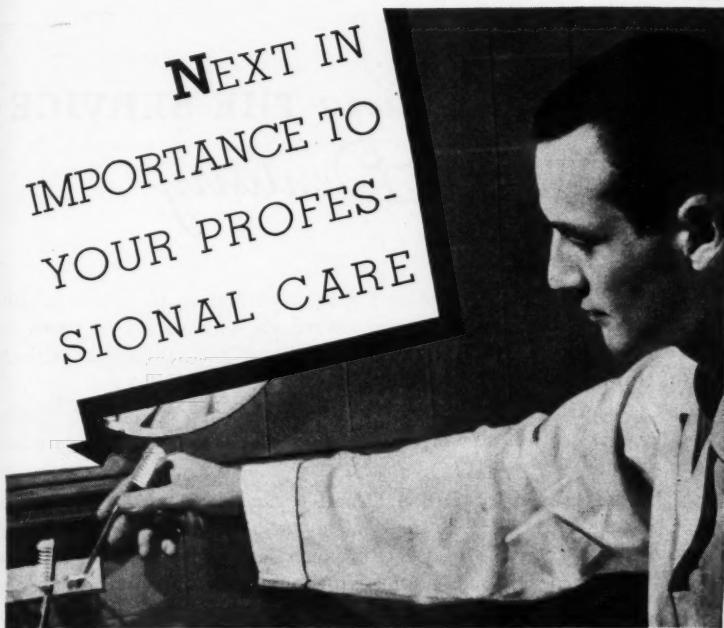
(1) Vitamins: A Survey of Present Knowledge  
Medical Research Council, Special Report  
Series, No. 167, 1932. His Majesty's Sta-  
tionery Office, London

The Vitamins  
H. C. Sherman and S. L. Smith  
1931 Am. Chem. Soc. Monograph,  
2nd Edition

(2) 1935. J. Amer. Chem. Soc.  
57, 1751  
(3) 1932. Ind. Eng. Chem. 24, 457  
(4) 1932. J. Nutrition 5, 307

*This is the seventeenth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y.*

# NEXT IN IMPORTANCE TO YOUR PROFES- SIONAL CARE



Your patient may be faithful in his visits to you, but in the intervening periods, much depends on his regular use of a proper dentifrice.

Not only the broad, exposed areas but the proximal surfaces between the teeth need to be reached and cleansed. Calox Tooth Powder aids in doing this effectively. In addition to its bland, gentle polishing base, it contains a safe and efficient amount of perborate. This ingredient frees a

foam of oxygen bubbles which penetrate into the interstices and help to force out debris.

In persuading younger patients to form regular habits of tooth care, the clean, sparkling taste of Calox is an advantage. It is also an exceptionally economical dentifrice to use. . . . McKesson & Robbins, Incorporated.

## CALOX

TOOTH POWDER

(OH-10) McKESSON & ROBBINS, Inc., Fairfield, Conn.

Please send me, free of charge, a large professional-size can of CALOX for clinical use, and a dozen sample-size cans, with copies of the leaflet, "Correct Care of the Teeth," for patient distribution.

D. D. S.

Address \_\_\_\_\_

City and State \_\_\_\_\_



# Broadening **THE SERVICE** of Dentistry

**D**ENTAL science has made a great contribution to human health and happiness in its progress toward the elimination of tooth decay. Unfortunately, there are many people who are not fully aware of the benefits this progress has brought within their reach.

The dentist, naturally, is best qualified to impress upon the public the importance of this service, but his audience is limited to those who seek his counsel.

The advertising of Squibb Dental Cream and Squibb Tooth Powder, appearing in the leading national lay magazines, reaches an almost unlimited audience. This advertising offers a plan for the care of the teeth and recommends that daily home care should follow the advice of the dentist.

The House of Squibb firmly believes this advertising will go far toward broadening the service of dentistry. We therefore invite your cooperation in this common objective.

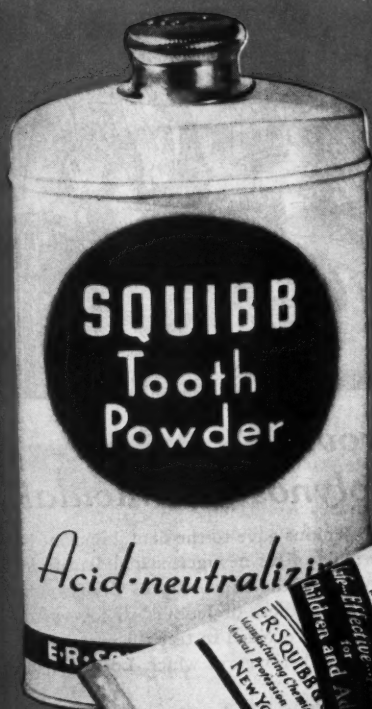
Both Squibb Dental Cream and Squibb Tooth Powder contain milk of magnesia as the acid-neutralizing ingredient.

## THE PLAN WE ADVOCATE:

1. Go to your dentist and follow his advice. This will include the kind of tooth brush to use, and how to use it; what kind of dentifrice to use, and what kind not to use; and whether you should supplement your own home treatment with the use of dental floss and oral perborate.
2. Check your diet with your physician or dentist—to be sure your system is getting the elements essential to the health and strength of your teeth.
3. Brush your teeth thoroughly, at least twice a day, and be sure you use a dentifrice scientifically prepared to clean teeth effectively, and safely.

**E·R·SQUIBB & SONS, NEW YORK**

MANUFACTURING CHEMISTS TO THE MEDICAL AND DENTAL PROFESSIONS SINCE 1858



Acid-neutralizing

E.R. CO.

Effective for  
Children and Adults  
ER-SQUIBB  
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For the  
care of the  
teeth  
and gums

SQUIBB  
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Cream

LARGE SIZE

**SQUIBB DENTAL CREAM  
TOOTH POWDER**



## *Scientists Prove Kolynos Germicidal*

**S**HORTLY after Dr. N. S. Jenkins gave to the dental and medical professions the formula of his new germicidal dentifrice "Kolynos",—Professor Loeffler of the University of Greifswald, Germany, who realized the importance of Jenkins' discovery to the advancement of oral hygiene, decided to test the germicidal action of Kolynos on the diphtheria germ which Loeffler had discovered.

After completing his tests Professor Loeffler reported that Kolynos killed the deadly diphtheria germ instantly. Other and more recent tests of Kolynos have been made by leading dental and medical authorities of the College of Medicine, London Hospital; Institute of Hygiene, London and other famous institutions in Europe, Latin America and the United States all of which proved the remarkable germicidal action of Kolynos Dental Cream.

Therefore, Kolynos Dental Cream which destroys from 80 to 92 per cent of oral bacteria with each brushing may be regarded, through its daily use by the patient in the home, as a valuable aid in maintaining the sanitary condition of the mouth established in the dentist's office.



# After Installation OF DENTURES..

## Gelatine U. S. P.

### FOR SOFT, EASY TO CHEW DISHES



Gelatine makes an excellent vehicle for dishes which can be chewed easily, until the patient gradually becomes accustomed to harder foods. Hundreds of such soft, easy-to-chew dishes can be prepared with Knox Gelatine. These are also useful when chewing is difficult after extractions.

Knox Sparkling Gelatine surpasses in all respects the minimum U. S. P. standards of purity. It provides 85% of readily digested and utilized protein.

Dentists recommend feeding Knox Gelatine in 10% solutions (one package dissolved in ten ounces of soup, etc.) for three days before extraction. It has been shown to be of value for reducing blood clotting time where hemorrhagic tendency exists.

Quite a remarkable product—Knox Gelatine. Made as carefully as an ampule solution. For use where additional protein is required in the diet of the convalescent, the tuberculous; diabetic or post-operative patient.



## KNOX SPARKLING GELATINE

KNOX GELATINE LABORATORIES

470 Knox Avenue, Johnstown, N. Y.

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City.....State.....





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3-in-One Oil is a special blend of three of the finest oils available—insures “triple action”—cleans, lubricates and prevents rust. 3-in-One Oil fills the pores in the metal, makes lubrication last longer, speeds up equipment, keeps out moisture, and makes metal bright and shiny. 3-in-One Oil has no offensive odor, can be used on equipment at any time. It actually saves repairs to costly instruments and gives them long life and service. Keep it handy.

### 3-IN-ONE OIL



For Sure Safe  
Reliable Results **USE-**

## Crescent Stopping



- MADE OF BEST GUTTA PERCHA
- IS NOT MEDICATED
- WILL NOT IRRITATE TISSUE
- LEAVES NO TASTE IN MOUTH

4 oz.  
GLASS JAR  
\$1.

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**X-ray Developer  
and Fixer  
in 30 seconds!**

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Concentrated Liquids  
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☒ THE CHOICE OF DENTISTS  
IN EVERY STATE

Without bluster, nor pseudo-scientific claims . . . on sheer merit, Revelation Tooth Powder became a "best seller," thanks to recommendations by Dentists everywhere. During thirty years Revelation has been demonstrated to the profession as an efficient, pleasant, grit-free cleanser; beneficial for gums; effective in removing stains.

## ALSO RECOMMENDED FOR DENTURES

Revelation Tooth Powder is an efficient cleanser for dentures and orthodontic appliances. Many dentists find that a little Revelation sprinkled on new dentures prevents plate breath.



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Supply of Samples  
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- ( ) Send full size can for personal trial.  
( ) Send testing samples for patient distribution.

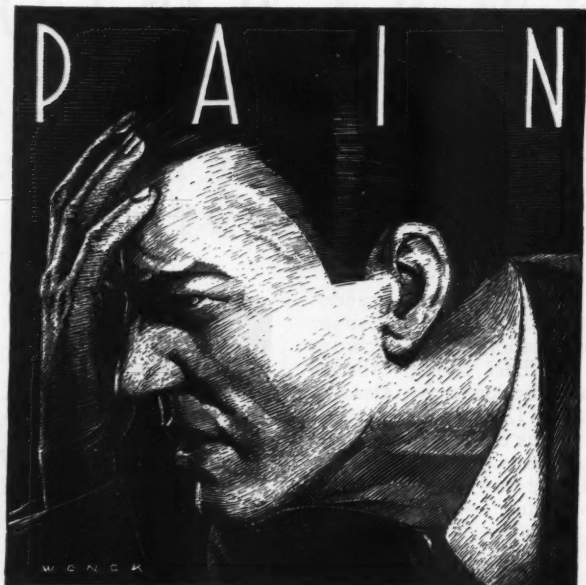
Dr. ....

Address. ....

City. .... State. ....

OH-106

Kindly enclose professional stationery



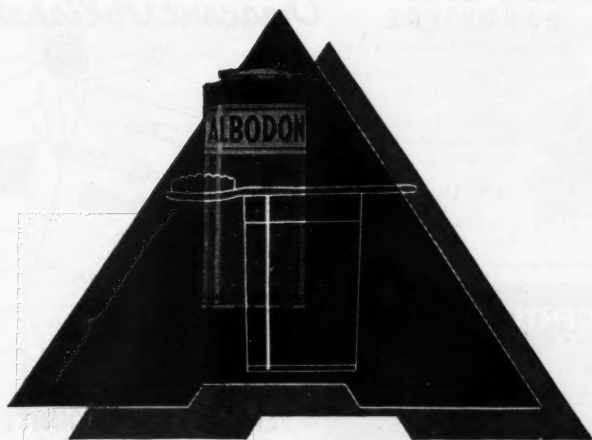
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Headache may be as disabling as a grave illness. Migraine surely is. It is noteworthy how quickly the patient can obtain relief with Peralga. This non-narcotic analgesic and sedative combination of amidopyrine and barbital relieves pain quickly, yet does not cause drowsiness when the patient must remain at work. That is why Peralga is extensively prescribed in recurrent painful conditions, such as migraine and dysmenorrhea. Supplied in tablets and powder. Trial quantity sent on request.

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Should a dentifrice scour? Modern science says, "No." Albodon has broken with the tradition of sweetness and instead lets you enjoy the refreshing, natural taste of its pure ingredients. Albodon is nearly completely soluble; it cleans by literally washing your teeth clean. Sodium perborate, sodium bicarbonate, and sodium chloride are the principal ingredients held together in a colloidal base that prevents scattering and insures a constantly uniform mixture of all ingredients. Albodon is new—a modern dentifrice for a more efficient age. Available in two sizes. Trial supply gladly sent.

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For Chair and Laboratory Use

Save your present handpiece for oral work.

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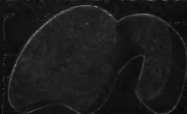
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This \$3<sup>00</sup>  
**DISPENSER**  
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FLAT  
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**DIXIE-VORTEX CO.**  
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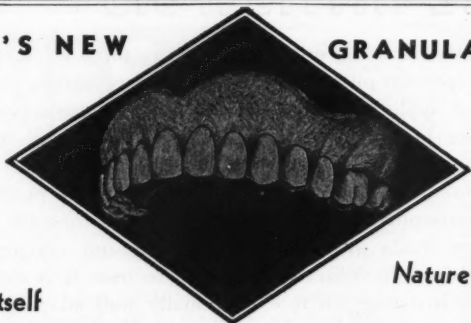
Gives prompt and effective results. Follow the directions with each package and it is hard to go wrong when you devitalize with WILLIAMS'.

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True pride in accomplishment is brought out in Traun's Granular Pink veneering rubber. A denture with a facing of this rubber is something to be truly proud of. It reproduces to perfection the natural tissues even to the illusion of tiny bloodveins. This superb veneering material is free packing. It has a tacky surface enabling you to cut down on time and labor in making facings. Your clients will be delighted with it. And the extra cost to you is negligible.

Send One Dollar with our coupon and a generous trial supply will be sent you at once.

Buy From Your Dealer. Prices: \$11.00 per pound, \$3.00 per quarter pound, \$1.00 Sample package.

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239 Fourth Ave.

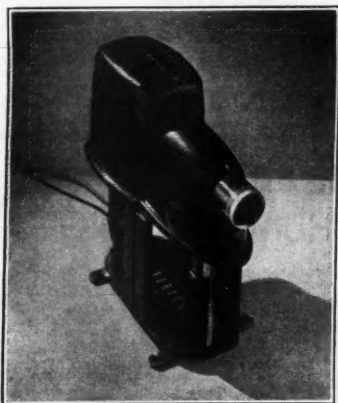
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Enclosed \$1.00 for a sample package of Traun's GRANULAR PINK.

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the new  
"INTENSITONE  
DISC"  
for use with  
BURTON'S  
X-RAY  
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Once more Burton takes the lead! The new "INTENSITONE DISC" recently developed by Burton's Scientific Department for use with Burton's X-ray Projector gives the dentist one of the most important diagnostic aids yet developed for interpreting x-ray films.

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TENSITONE DISC" the sharp, clearly defined enlargements afforded by the Burton X-ray Projector, and the dentist has a most indispensable diagnostic aid. Too, it gives the dentist the most effective way to present the advantages of modern dentistry to his patients.

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**OVER 31,000 DENTISTS USE BURTON EQUIPMENT**



NO DETECTABLE  
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NAIL BITING and  
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Thumb sucking causes crooked teeth, high vault, and deviated nasal septum which results in inflammation of the nose, throat, middle ear, and often partial deafness.

Recommend THUM for cases you come in contact with. It contains no harmful ingredients and children cannot possibly remove from fingers.

The price is only \$1.00 per bottle and is obtainable through your dental dealer.

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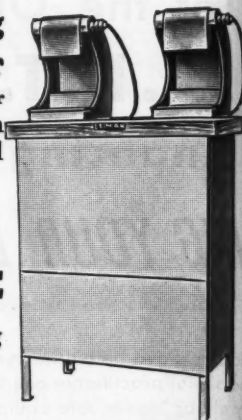
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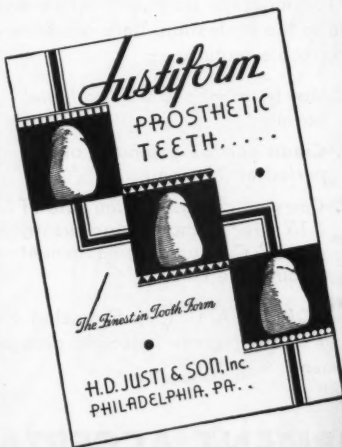


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denture that looks  
natural in the mouth.

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cost far less than  
other teeth of high  
quality.



**H. D. JUSTI & SON, INC.**

*The Oldest Tooth Manufacturer in America*

32nd & Spring Garden Sts.

Philadelphia, Pa.

... for prevention and control of  
post-operative pain and infection



COUNCIL ACCEPTED

## BUTYN-METAPHEN DENTAL OINTMENT

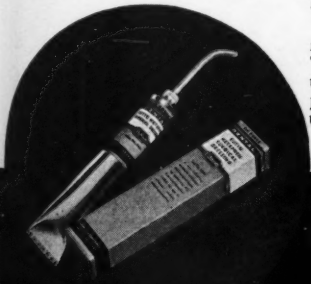
Formerly called  
**BUTYN-METAPHEN**  
**SURGICAL DRESSING**

Supplied by Abbott dealers in convenient  $\frac{3}{8}$ -ounce collapsible tubes. The nozzle may be detached for cleaning and sterilizing; it is long enough and suitably shaped to reach all sockets conveniently.

This relatively new product has gained swift acceptance among dentists. It offers many advantages in the prevention and control of pain and infection following dental operations. The high antiseptic power of the well-known organic mercurial Metaphen in 1:1500 concentration is provided together with the prompt and relatively long-lasting anesthetic of 4% Butyn.

Very important, too, the product is *free from objectionable taste*. The ointment base is non-irritating and absorbable. The application of Butyn-Metaphen Dental Ointment aids tissue repair by controlling infection and the anesthetic properties serve to keep sockets free from pain for several hours.

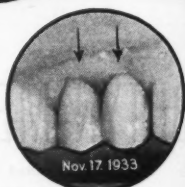
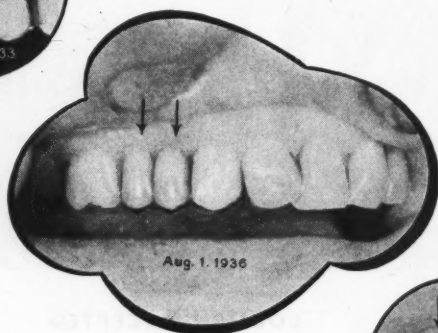
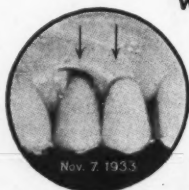
It is useful in both prophylactic and curative treatment, for all cases of trauma from extraction, and for "dry sockets." It is an excellent anodyne dressing for use following scaling, in the treatment of painful pyorrhea pockets, for abrasions of all types, and is useful for relieving pain caused by ill-fitting dentures.



**ABBOTT LABORATORIES**  
NORTH CHICAGO, ILLINOIS

# BRIDGEWORK...

WITH STEELE'S TRUPONTICS



## THREE YEARS AFTER EXTRACTION:

Here is photographic proof of Trupontic adaptability. Notice condition of the gum tissue and its adaptation to highly glazed porcelain.

In this case the first right bicuspid had been missing for several years. The bridge was placed in the mouth immediately following extraction of the abscessed second right bicuspid.

This Trupontic restoration is only one of many giving complete satisfaction in actual service.

### NOTE

Adaptation of Trupontics to tissue is important. A new free booklet is available covering this subject. Send for it.

— *the modern way*

THE COLUMBUS DENTAL MFG. CO. Columbus, Ohio, U.S.A.





## STUFF AND NONSENSE

PEOPLE like to smoke. But as with other things they like to do, there's often little logic to it beyond the simple satisfaction derived. So when advertisers present their cigarettes as cures for ills, real and imaginary, we know that the profession says "stuff and nonsense."

We advertise KOOL Cigarettes simply as a pleasant combination of fine tobaccos made even

more pleasant by the cooling sensation of menthol. They *won't* cure anything. They *won't* harm anybody. They *will* prove enjoyable.

Would you like a complimentary package of KOOL Cigarettes? A note on your office stationery will bring it by return mail. Brown & Williamson Tobacco Corporation, P.O. Box 599T, Louisville, Kentucky.







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# NOVOCAIN

Reg. U. S. Pat. Off. & Canada

Brand of PROCAINE HYDROCHLORIDE

### PREFERRED BY DENTISTS:

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Suprarenin 1:20,000

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# OUR OTHER OFFICE— THE HOME



**For years dentists have suggested massage of the gums with Forhan's to supplement treatment at the chair.**

The help given by the patient himself—away from the chair—often plays an important part in establishing or maintaining oral health. This is especially true in cases involving gum conditions.

For this reason regular massage of

the gums with Forhan's is routine instruction to patients among many dentists, and has been for many years. Benefits are two-fold:

**FIRST**—Forhan's cleans teeth safely, helping to keep them brilliant. It contains no harsh, harmful, or gritty ingredients.

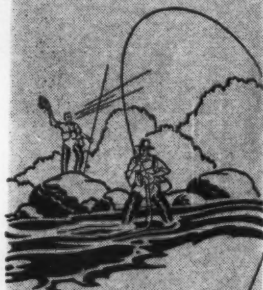
**SECOND**—massage with Forhan's gently tones and stimulates the gums, helping to keep them healthy. Professional samples of Forhan's sent on request.



**Forhan's Astringent**—This efficient preparation (the active principle of FORHAN'S TOOTH PASTE) has long been used by the profession in the treatment of gum conditions at the chair. Formula by R. J. Forhan, D.D.S. Sample on request. Forhan Co., Inc., Chrysler Bldg., New York City.

THE ORIGINAL TOOTH PASTE FOR MASSAGING  
GUMS AND CLEANSING TEETH  
FORMULA OF R. J. FORHAN, D. D. S.

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## *Man's closest approach to human gum tissue*

● Duratone is strong—showing in actual tests from 3 to 3½ millimeters in resiliency. (A denture in the mouth needs no more than 1 to 1½ millimeters.)

Moreover, your patients will be more than pleased with the natural appearance and mouth comfort provided by Duratone. So like human gum tissue is Duratone that patients will show no aversion to artificial teeth when these become necessary for the sake of better health.

### **Durable Built-in Color**

In addition to strength, natural appearance and mouth comfort, Duratone has durable built-in color. Before being offered to the dental profession, Duratone was mouth tested for color durability in a number of practical cases for over a year. There was no change in color. Your DEALER carries Duratone—your LABORATORY makes Duratone dentures.

**SEND FOR DURATONE BOOKLET**

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Please send complete details about DURATONE.

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## A Slogan Helpful to the Prosthodontist

### "MOUTH TISSUES CHANGE . . . SEE YOUR DENTIST"

Reproduction of one of FASTEETH magazine advertisements urging denture wearers to have their plates readapted to changing mouth conditions by their dentists, and reaching nation-wide over 21,000,000 American homes. Prosthodontists everywhere should be benefited.

#### Another Constructive Suggestion

Aside from the problem of well fitting dentures many prosthodontists feel the inadvisability of ignoring the handicaps—both physical and mental—that confront the new denture wearer.

They prescribe FASTEETH because it forms a thin but tenacious layer which protects soft, delicate tissues from needless pressure or pain and imparts a confidence-inspiring sensation of snug security and naturalness.

They also find the mild but persistent alkaline reaction of FASTEETH an effective preventive of acid irritation, soreness or "hot mouth," as many unsolicited letters from dentists attest. May we suggest that you, too, give the alkalinity of FASTEETH a trial?

#### Interesting Brochure FREE

"Some Difficult Denture Patient Types" will help your patients to understand better the problem their mouths present to you. Send for your copy today . . . no charge.

# FASTEETH

*The ALKALINE Denture Powder*



## FALSE TEETH

That Refuse To "Stay Put"  
When natural teeth are replaced by artificial teeth, the bony ridge on which the plate rests eventually resorbs to such an extent that the plate is no longer properly supported. An annual visit to the dentist is the best way to keep dental plates readapted to these continually changing mouth conditions.

And to avoid embarrassment, discomfort and unnatural appearance, never appear in public without sprinkling FASTEETH, the new, alkaline powder on your plates. FASTEETH makes dental plates stay securely in place and checks acid soreness, burning, rash, in place and makes dental care "denture breath." No thinning or washing out—no gummy, pasty taste or feeling. All druggists sell FASTEETH.



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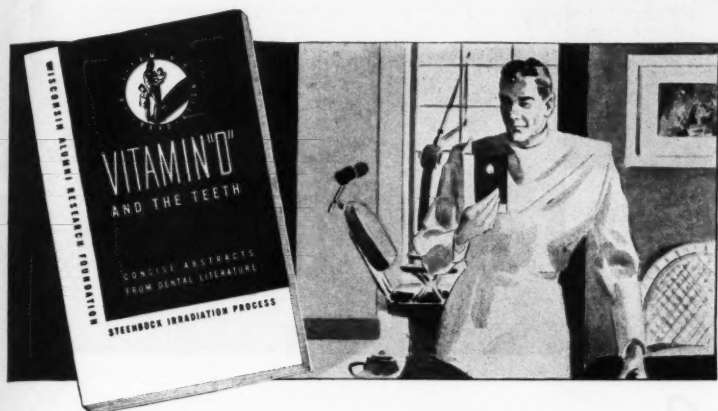
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Includes subjects of such far-reaching importance as: Vitamin D in tooth building, nourishment and protection; its scarcity in foods; its importance in forming teeth and in preventing caries, and many others of vital interest to every dentist.

Highly readable, illuminating and authoritative, this attractive 32-page booklet, briefed from scientific papers by recognized authorities, will enrich your present knowledge of Vitamin D foods and Viosterol.

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\*A corporation not for private profit . . . founded in 1925 . . . to accept and administer, voluntarily assigned patents and patentable scientific discoveries developed at the University of Wisconsin. By continuous biological assays the public and professional confidence in accurately standardized Vitamin D is maintained. All net avails above operating costs are dedicated to scientific research.





# *An important use for*

## **Dicalcium Phosphate Compound**

### *with Viosterol Squibb*

**T**HE NEED for calcium by pregnant and lactating women is well recognized. Its importance in orthodontic procedures is, however, sometimes overlooked. In addition to the application of mechanical force to accomplish tooth movement and bone expansion, calcium and phosphorus must be provided for increased bone development. Supplementing the diet with Dicalcium Phosphate Compound with Viosterol is advisable in many cases.

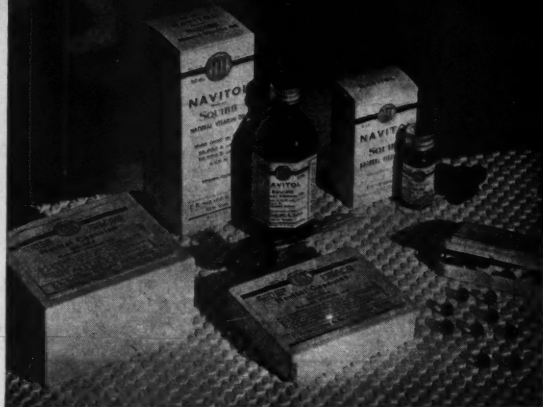
Dicalcium Phosphate Compound with Viosterol Squibb provides cal-

cium and phosphorus in proper ratio and sufficient Vitamin D to assure absorption and utilization.

Dicalcium Phosphate Compound with Viosterol Squibb is available in tablet and in capsule form. Each pleasantly flavored tablet supplies the equivalent of 2.6 gr. calcium, 1.6 gr. phosphorus and 660 units of Vitamin D (U. S. P. XI). They are supplied in boxes of 51 tablets. Two capsules are equivalent to one tablet. They are available in bottles of 100 capsules. Samples and literature are available to dentists on request.

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**A** YEAR AGO the House of Squibb introduced Navitol as a very economical and unusually potent source of natural Vitamins A and D. Effective September 1st, Navitol became available at even lower prices and with a potency higher than that of Halibut Liver Oil with Viosterol. This makes it possible for dentists to prescribe Navitol to a great many patients who need a rich source of Vitamins A and D and to whom economy is an important consideration.

Navitol—Squibb Natural Vitamin

Oil—is available in dropper bottles and in capsule form. The oil contains at least 55,000 units of Vitamin A and 10,000 units of Vitamin D per gram (U. S. P. XI). Each 3-minim capsule contains at least 9400 units of Vitamin A and 1700 units of Vitamin D.

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5-cc. bot. of oil (with dropper) . . .	\$ .40
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Box of 25 gelatin capsules . . . . .	.75
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*Descriptive literature upon request*

# The Cod Vitamins in Prophylaxis Against Dental Caries

In "Accepted Dental Remedies" issued by the Council on Dental Therapeutics of the American Dental Association (1935, page 82) the influence of the cod vitamins on tooth-building and prophylaxis against caries is discussed as follows:

"Cod Liver Oil has a favorable influence on the absorption and subsequent deposition of calcium and phosphorus in the bones and in the teeth. Consequently, Cod Liver Oil is considered to be among the medicinal foods which, because of their vitamin content, apparently have a beneficial effect on the development of teeth and aid in the prophylaxis

against dental caries . . . .

"The beneficial properties of Cod Liver Oil are due not alone to the presence of Vitamin D. Cod Liver Oil also contains Vitamin A . . . . The normal development of the enamel of teeth may in part be dependent on an adequate supply of Vitamin A.

"The probability exists that Vitamin A deficiency would be accompanied by Vitamin D deficiency, in which case administration of Vitamin A alone may not be beneficial. Products containing Vitamin A and D approximately in the ratios found in Cod Liver Oil are to be preferred as a prophylactic agent against caries."

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*- - the vitamin-value of cod liver oil,  
without the fatty bulk*

The natural A and D vitamins of time-proved cod liver oil are now available in potent, palatable dosage forms, suited to every type of patient. White's Cod Liver Oil Concentrate is 100 times the potency of cod liver oil\*. Two drops of White's Cod Liver Oil Concentrate, Liquid, equals 1 teaspoonful of oil\*; one pleasantly flavored tablet also equals a full teaspoonful, and one capsule equals 4½ teaspoonfuls. In Liquid, Tablet or Capsule form, this concentrate provides unsurpassed convenience and palatability, and the special efficacy for which the cod liver oil vitamins have always been distinguished.

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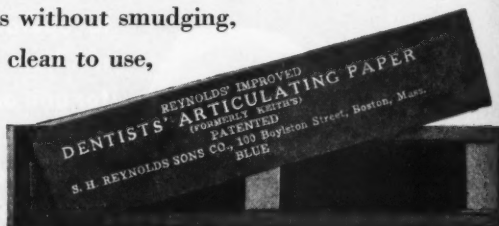
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Vigorous rubbing is unnecessary . . . placed  
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I say "perfect" because these dozen ads are in the form of *voluntary* testimonials from Doctors—Doctors in all parts of the country who use Alkalol in daily practice.

Here are only a few of the many hundreds in my files. I have grouped them according to principal uses. Actual signatures are withheld, of course.

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"Used extensively for chronic catarrh" . . . "Consider Alkalol first in its field" . . . "I find Alkalol soothing without the annoying reaction most nasal remedies give" . . . "One of the most cleansing and soothing treatments used today for eyes, ears, nose and throat. It never irritates" . . . "Alkalol very efficacious in treatment of nasal conditions" . . . "Have recommended Alkalol many times and find it healing and non-irritating" . . . "Best mucus solvent in nasal work" . . . "The best preparation on the market today for eye, ear and throat work" . . . "Excellent for irrigation of sinuses. Soothing to mucous membrane" . . . "Surprising relief in congested and sore mucous-membrane" . . .

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"I have never found anything quite as soothing for tired eyes" . . . "It fills the need for a mild, soothing solution" . . . "Exceptionally soothing for tired eyes" . . . "Have many patients using Alkalol to relieve eye strain" . . . "Have used Alkalol for 35 years" . . . "Alkalol very soothing as an eye wash" . . . "Best preparation I have ever used" . . . "Alkalol best of all for use in the eyes" . . . "Best solution I have ever

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Let me send you a free eye-dropper bottle of Alkalol. Then try it in your own eyes. Alkalol has such a wonderful soothing healing action on the delicate membrane of the eye that it has been used for years to clear the eyes of infants after silver treatment.

Doesn't it stand to reason, Doctor, that if Alkalol has been so successful in treating such a supersensitive organ as the eye, that it must be equally efficacious as a douche or spray in coryza, rhinitis, etc? *Send your card today.*

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Please remember that Alkalol is a delicate product and should not be dispensed from opened containers. Prescribe Alkalol in original 8 or 16 ounce bottles.

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J. P. WHITTERS

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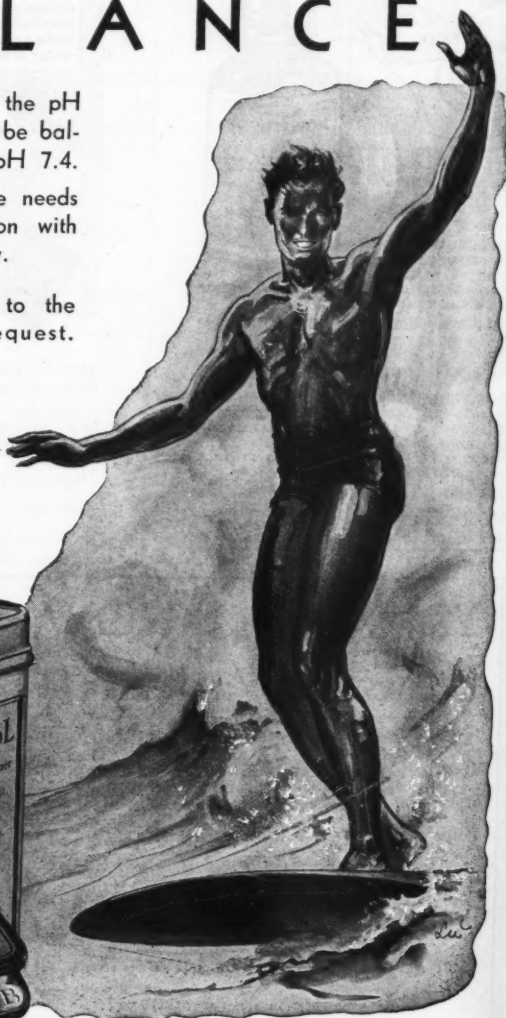
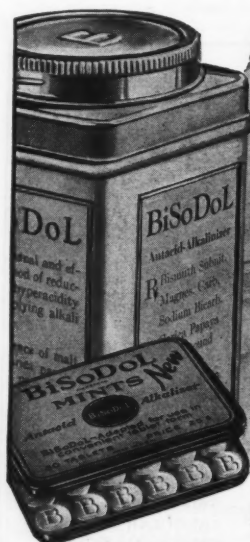
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Dentists are enthusiastic over the effectiveness of Mallophene, the penetrating azo-dye antiseptic. In paste form, it is useful as a packing to assure bacteriostasis after extractions and to stimulate regeneration in dry sockets.

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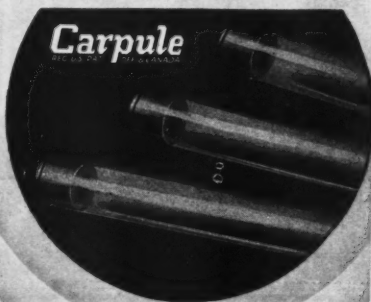
## *The Recommendation* OF YOUR PATIENTS . . .

**T**HERE are many ways to promote patient-recommendation, but one that can undoubtedly contribute to a dentist's reputation for skill among his patient's, is the judicious use of local anesthesia.

And, the dentists who realize the utmost from local anesthesia, know that the judicious selection of local anesthetic solution plays an important part in their success.

They are the dentists who want to be certain of the efficiency and safety of the solution . . . the ability and responsibility of its manufacturer. Many of them prefer a Novocain-epinephrin solution or Novocain with Cobefrin in Cook "Carpule" cartridges.

Note: It is the use of a normal saline vehicle that anesthetic solutions (Cook) differ from those available in R. B. Waite cartridges and ampules.



# COOK

## TWO DIS ANESTHETICS

*Novocain with Cobefrin* available

● There are many thousands of dentists who are regular users of Novocain with Cobefrin and who believe that Cobefrin more nearly approaches their ideal of the most satisfactory ischemic agent.

Some of these men have been using anesthetic solutions compounded by either Cook Laboratories or the Antidolor Manufacturing Company for many years, and when Cobefrin was first developed, continued to purchase it in the solution to which they were accustomed.

They know that both solutions possess the necessary anesthetic efficiency—they realize that both possess an unusual margin of patient-safety—that both meet the high standards of quality upon which their practices are founded.

## *Novocain* *Cob*

Trademark Reg. U. S. Pat. Off., Winthrop Chemical Co., Inc., Brand of Procaine HCl.

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# ODISTINCTIVE C SOLUTIONS

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But, each solution possesses distinct characteristics in its formula which appeals to its user and which has identified itself in his mind as representing those fundamentals comprising the most satisfactory solution.

These characteristics occur in the vehicles or bases used in the solutions either of which assures the dentist of a non-irritating solution. We invite inquiries from interested dentists regarding the respective advantages of each.



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The ANTIDOLORMFG.CO., Inc.

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New York, N. Y.

Laboratories  
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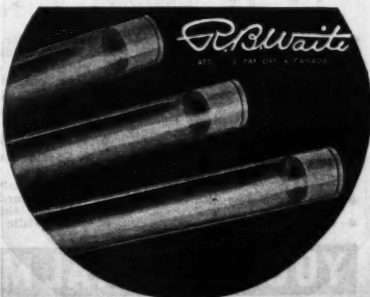
## A RECORD OF *Performance . . . .*

**W**HY have anesthetic solutions (R. B. Waite) enjoyed the confidence of thousands of dentists the world over for forty-five years?

The best answers to this question may be procured from users of anesthetic solutions in R. B. Waite cartridges or ampules. They have confidence in their efficiency. These users will have had practical experience with them at the chair and have proven their high margin of safety. They are aware of the manifold features of the compound vehicle\* not found in any other solution available.

All these comprise a record of performance that fully justifies the confidence placed in anesthetic solutions (R. B. Waite) and which can be reflected in your own local anesthesia.

\*If you are not familiar with the properties of the base or vehicle used in Novocain, epinephrin solutions or Novocain with Cobefrin (R. B. Waite), we invite your inquiry.



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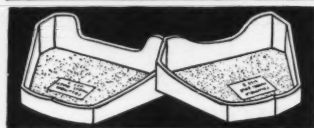


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- perfected for cleansing small adult and children's teeth
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# Webster would have said..

273

Ordinary

## Oppress

**Oppress**, *op-press'*, *v.* To press or weigh down; to oppress; to overpower; to oppress. *Oppression*, *op-press'-shun*, *n.* Act of oppressing; severity; hardship; dullness of spirits. *Oppressive*, *op-press'-iv*, *a.* Burdening; unjustly severe; tyrannical. *Oppressor*, *op-press'-er*, *n.* One who oppresses; a cruel governor or taskmaster. *Opprobrious*, *op-prob'-ri-us*, *a.* Containing reproach; scurrilous; abusive. *Opprobrium*, *op-prob'-ri-um*, *n.* Scurrilous abuse. *Opprobriousness*, *op-prob'-ri-ous-ness*, *n.* Scurrilous abuse; scurrility; infamy.

**ORA-CAST.** an economical all purpose yellow gold that is light, strong, resilient, and retains its original luster. Price: \$1.71 dwt. retail.

**Ordnance**, *ord-nans*, *n.* Wealthy; rich. **Ordnance**, *ord-nans*, *n.* Wealth; riches. **Ordnance**, *ord-nans*, *n.* A particle that marks an alternative, and frequently corresponds with either and another. *Ordnance*, *ord-nans*, *n.* Heraldic ornament for gold.

**Ordnance**, *ord-nans*, *n.* Among the Greeks and Romans, the answer of a god to an inquiry concerning some future event; place where the answers were given; the sanctuary of the answers; any person, reputed uncommensurate, wise or authoritative utterance, usually when a wise or authoritative utterance. *Ordnance*, *ord-nans*, *n.* Pertaining to or like an oracle; uttering oracles; authoritative; mysterious; ambiguous. *Ordnance*, *ord-nans*, *n.* Pertaining to the mouth; spoken.

**Ordnance**, *ord-nans*, *n.* As even.

**Ordnance**, *ord-nans*, *n.* As even.

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**Ordnance**, *ord-nans*, *n.* As even.

Pertaining to an orator or to oratory; rhetorical. *Oratoric*, *o-ra-to-ri-c*, *a.* A sacred musical composition. *Oratory*, *o-ra-to-ri*, *n.* A small chapel; the art of public speaking; eloquence.

**Orb**, *orb*, *n.* A sphere; a heavenly body; a circular disk; a hollow globe. *Orbit*, *orb-it*, *n.* Round; circular. *Orbicular*, *or-bik'-u-lar*, *a.* In the form of an orb; circular; spherical.

**Orbit**, *orb-it*, *n.* The path of a planet or comet; cavity in which the eye is situated. *Orbital*, *orb-it-al*, *a.* Pertaining to an orbit.

**Orchard**, *or-cherd*, *n.* An inclosure devoted to the culture of fruit-trees.

**Orchestra**, *or-kes-tra*, *n.* That part of the Greek theater allotted to the chorus; that part of a theater, &c., appropriated to the musicians; a body of musicians. *Orchestral*, *or-kes'-tral*, *a.* Pertaining to an orchestra; suitable for or performed in the orchestra. *Orchestration*, *or-kes-tra'-shun*, *n.* Arrangement of music for an orchestra; instrumentation.

**Orchid**, *Orchids*, *or-kid*, *or-kis*, *n.* A perennial plant with tuberous fleshy root and beautiful flowers.

**Ordain**, *or-dan*, *v.* To establish authoritatively; to decree; to invest with ministerial or sacerdotal functions. *Ordainment*, *or-dan'-ment*, *n.* The act of ordaining; appointment.

**Ordinal**, *or-ds-al*, *a.* A trial by fire and water.

**Order**, *or-der*, *n.* Regular disposition; proper severe trial or strict test. *Order*, *or-der*, *n.* Regular disposition; proper state; established method; public solemnity; command; instruction to supply food or to command; rank, class, division, or dignity; pay money; religious fraternity; division of natural objects; clerical character, specifically called *clerk*; *clerk*, *clerk*, *n.* In order; for the purpose; to direct; to direct; to command; to give.

**Order**, *or-der*, *n.* In order; for the purpose; to direct; to direct; to command; to give.

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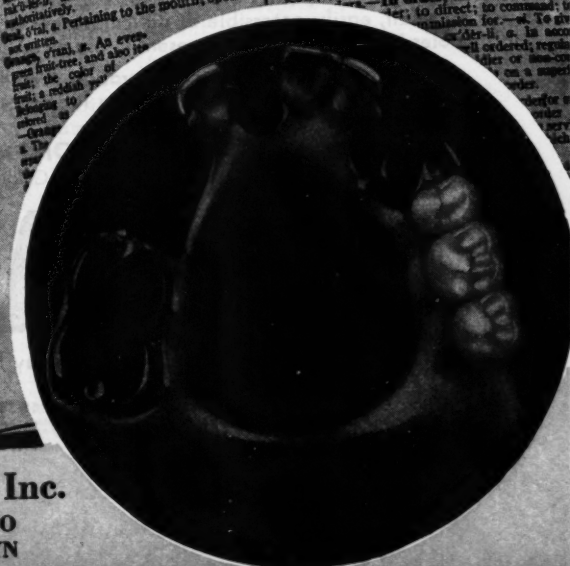
**Order**, *or-der*, *n.* In order; for the purpose; to direct; to direct; to command; to give.



Orbit



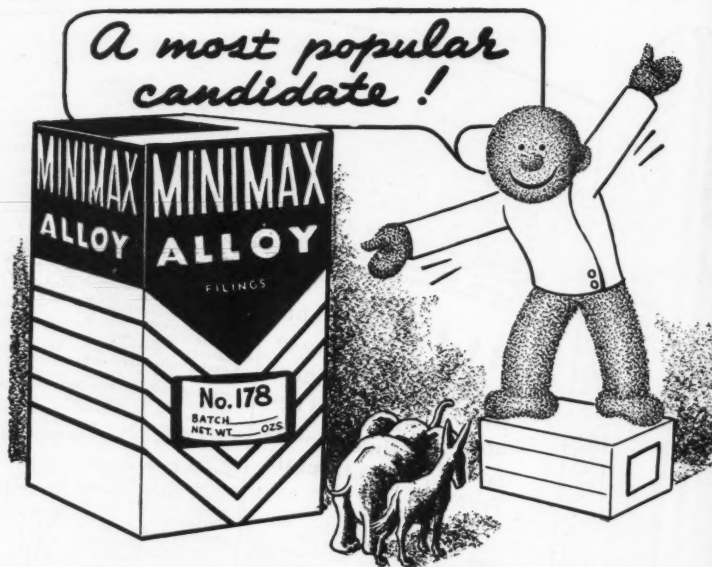
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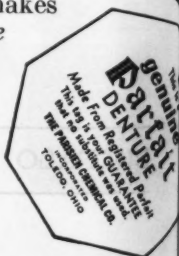
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**BUT . . . It Could not Produce the Super-Sharp, Edge-Holding Blades of New Cutwells!**

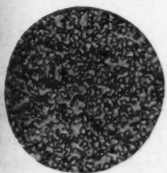
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ORDINARY BUR  
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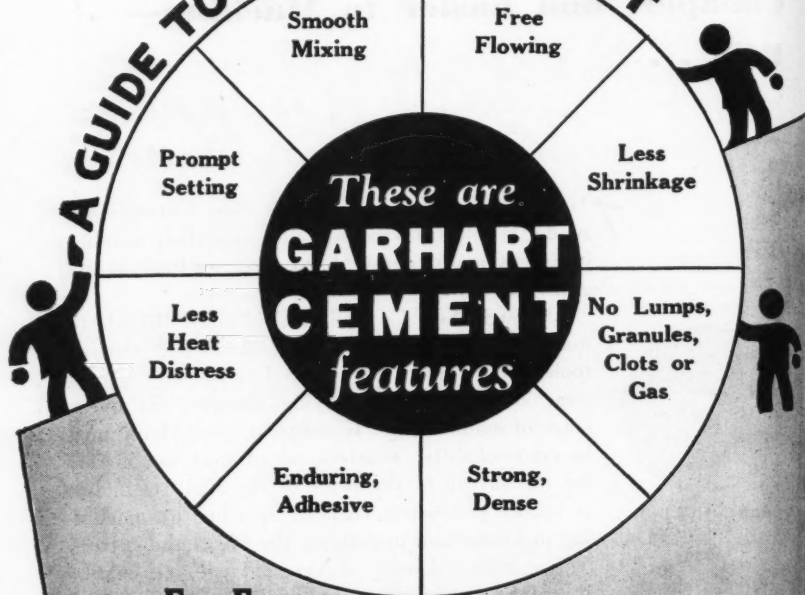
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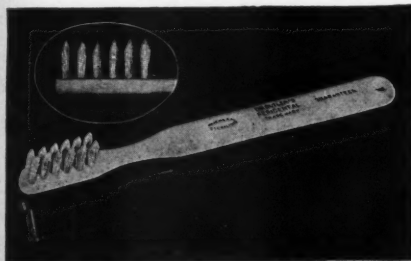
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● Because of the greater power of this unit, it is possible to make radiographs with sharper definition and greater detail. The greater power permits use of the tube at a greater distance from the film. The variable milliamperage and kilovoltage permit the exact penetration needed.



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If you want an X-ray unit that will give you a life-time of dependable service ... that users regard as the finest dental X-ray they have seen ... that will increase your income (because of radiograph fees and new business) ... that will add prestige to your office ... more than pay carrying charges from the day of installation ... and that is backed by a manufacturer whose reputation guarantees quality ... act now! Mail this card today.



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## UNIQUE FEATURES . . .

This FISCHER Shockproof "DENTAL-X" has been designed first, to embody every known feature of sound electrical and mechanical construction, second, to meet the dentist's need for quick, dependable, radiographic service. The adjoining illustration shows view of control box. Features worthy of mention are the simplicity of control, the FISCHER-built, heavy-duty tube, the synchrotimer, accurate to 1/60th of a second, the heavy-duty transformer, the lead box for films. Other features fully described in our folder. Finish is optional, mahogany or ivory and chromium.



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3. Variable milliamperage and kilovoltage—a unique feature, exclusive in this FISCHER unit. Permits the operator to get the exact penetration needed, hence more excellent results.
4. Life-time durability—all materials used in this "DENTAL-X" are finest quality. Users are assured of a life-time of efficient performance. Satisfactory performance is guaranteed.
5. Three years to pay—quality and performance considered, this unit is priced remarkably low. Three-year terms available.

It puts you under no obligation to get the facts. Use the handy card or clip and mail coupon. No obligation.

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The following excerpts are from letters received from "DENTAL-X" users. What they say is the best proof that you too will be more than satisfied with this remarkable unit—

"I am amazed how quickly I learned to use your machine and at the excellence of the results I get" . . . "I now wonder how I ever got along without my own X-ray" . . . "After 15 years' experience with X-ray apparatus, I much prefer your Shockproof 'DENTAL-X' . . . "It was a fortunate day for me, when I decided to install your 'DENTAL-X'; the increase in good will among patients and the number of new patients has surprised me" . . . "This past month has been one of the best I ever had—I attribute a lot of it to my new X-ray apparatus."

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MAIL THIS COUPON TODAY

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I am interested in receiving full information regarding your new FISCHER SHOCKPROOF "DENTAL-X." Please send your large 2-color illustrated folder. No obligation.

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*isn't confined to houses*



For the  
finest  
esthetic  
and  
functional  
results

use

**DR. FRENCH'S  
MODIFIED  
POSTERIOBS**

with

**NUFORM  
ANTERIOBS**

—the

most

perfect

substitutes

for

natural

teeth

ever

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to

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You have exactly the same problem with artificial teeth, for practically all dentures settle, due to re-

sorption. The point we raise now is that with Dr. French's Modified Posteriors, the inclined planes or cusps have been eliminated so that when the dentures do settle, there won't be any bad results. Notice in the illustration the invariable result when dentures made with intercusping teeth settle. The cusps are "out of mesh." Centric occlusion has been completely lost. The inclined planes of the uppers don't meet the inclined planes of the lowers as they were designed to and therefore there is a resulting movement of one or both bases, a source of distinct annoyance to the patient.

*More dentists every day are  
solving this problem by specifying*

**DR. FRENCH'S MODIFIED POSTERIOBS**

**UNIVERSAL DENTAL COMPANY**

48th and BROWN STREETS, PHILADELPHIA, PA.

\*(germicidal action)

# G. A. <sup>\*</sup> in successful treatment of deciduous teeth . . . .

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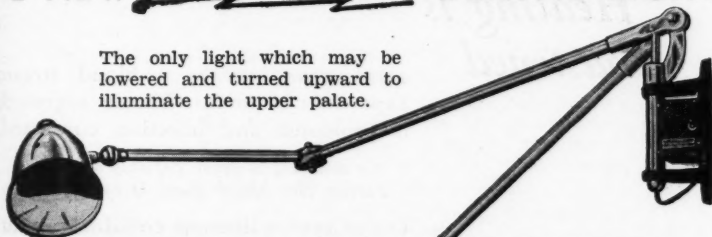
... an ideal material that adds vital permanent germicidal action to perfect cementations for successful treatment of deciduous teeth. Clinics and dentists everywhere—endorse it! Sold at all Dental Depots.

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- Perfect light distribution
- Finger-tip manipulation
- Gives color-corrected daylight
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Please send me **FREE** the full story about your new dental light.

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INTERMEDIARY VARNISH  
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- WILL NOT STICK *4 Ways*

Helical wound . . . . . makes a softer  
more comfortable, easier to handle

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5350 W. WASHINGTON • LOS ANGELES, CAL.



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Practically, yes. First, we guarantee that you will be satisfied with every package of Dr. Kelly's Impression Paste you buy. Second, according to the testimony of hundreds of dentists, the man who uses "Kelly's Paste" regularly in all denture cases becomes so sure of his results that success in each new case, however difficult, is almost certain. Try perfecting all your impressions with this material for a short period; you will never go back to the old ways. At dealers, \$2.50 in U.S.A. Kelly-Burroughs Laboratory, Inc., 143 N. Wabash Ave., Chicago, Ill.

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AFTER EXTRACTION by a blood stream kept free of toxins. Tissue regrowth is promoted and infection combated.

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Learn about its unique combination of properties. This latest development of STERN research is fast becoming the favorite of dentists and technicians that take pride in their castings.

While developed primarily for cases where a denture and its clasps are cast in one piece, STERN "O-P" GOLD is equally excellent for any other type of casting that must combine *great strength with minimum bulk.*

**WRITE FOR FULL PARTICULARS.** Or order some to try. Its resilient hardness will particularly delight you! And its price is \$2.07 per dwt.—I. STERN & CO., Inc., 218 West 40th St., New York City.



*The New*  
**STERN "OP" GOLD**  
 FOR ALL ONE-PIECE CASTINGS

# 4000 DEGREES

of heat developed with the

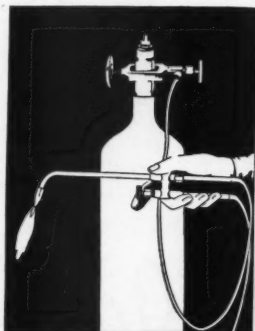
## TORIT No. 77-G OUTFIT!

- Oxygen and gas develops a heat of 4000 degrees F., whereas compressed air and gas develops only 2600 degrees F.
- Thus, the TORIT No. 77-G Outfit will

### SPEED UP YOUR BLOWPIPE WORK!

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The light and medium light shades of DOHERTY rubber match perfectly the colors of natural tissue. Your patients will be well satisfied with the appearance of DOHERTY rubber: you will be enthusiastic about its superior quality, toughness and durability.

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**EUGENE DOHERTY'S PINK RUBBERS**

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**H**EXYLRESORCINOL Solution is actively germicidal, yet non-irritating and non-toxic. It is non-corrosive and will not attack the heavy metals. It is therefore of value in the dental field for routine use in the office and is a safe, general antiseptic for you to recommend for the hygienic care of the mouth in the home treatment of the patient.

The dentist will find Hexylresorcinol Solu-

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THIS FILM HAS EVERYTHING

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White, moisture-proof packet

EXPOSURE IN AVERAGE CASES

	UPPER	LOWER
Central Incisors .....	3 Seconds	2½ Seconds
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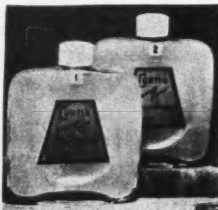
<b>X-O-DENS</b>	Gross	<b>REGULAR Emul.</b>	Gross
One Film Packets	\$3.50	One Film Packets	\$2.50
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Indianapolis, Indiana

Medical Arts Bldg.



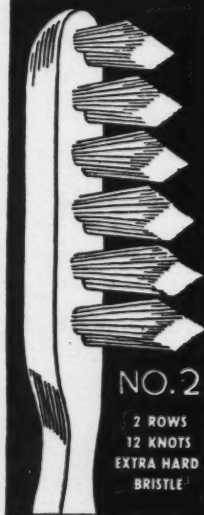
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2 ROWS  
12 KNOTS  
EXTRA HARD  
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**1** 3 rows, 25 tufts—medium hard bristle. A fine general purpose brush.

**4** 1 row, 7 tufts—extra hard and strong bristle. Intended for interdental use for adults.

**5** All-purpose lingual surface brush strictly for scouring the lingual surfaces.

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**9** Designed to envelop distal surfaces caused by extraction. Makes back surface cleaning possible.

The new improved Dr. Hartzell Tooth Brushes lead the modern trend in design and are intended to aid in the prevention of pyorrhea and tooth decay.

Each Dr. Hartzell Tooth Brush is scientifically designed for specific use.

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Dr. ....  
Street..... City..... State.....

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or false ankylosis, frequently responds, without difficulty, to thick, hot applications of

*Antiphlogistine*

It not only helps to relieve the pain and immobility, but, also, aids the healing of the primary lesion.

*Clinical sample and literature on request.*

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Practices sold and furnished. Positions. All states. Established 1904. F. V. Kniest, 1537 S. 29th St., Omaha, Nebr.

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**EXPERIENCED DENTIST** wants location, practice, partnership, Wisconsin, or position, any State. Highest credentials, references, etc. "W" care of F. V. Kniest, 1537 S. 29th St., Omaha, Nebr.

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Makes Dentures Fit. Write for full information or send \$1.00 for Regular size.

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PLASTIDENT  PRODUCTS  
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## REDUCES DISCOMFORT

ITS SOOTHING AND COOLING QUALITIES ARE ESPECIALLY HELPFUL WHEN the patient is under treatment at the chair. It is also recommended by many dentists in post-extraction treatment; it aids normal granulation and relieves pain. Valuable as a general mouth wash to banish fetid breath, to clean dentures, and to make the wearing of dentures more comfortable.

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For with a *Burns Casting Machine* you have a guarantee of perfect castings—with no loss of gold. The economy feature alone will make it worth your while to install a BURNS. It cannot *spill* gold and its technique is simple.

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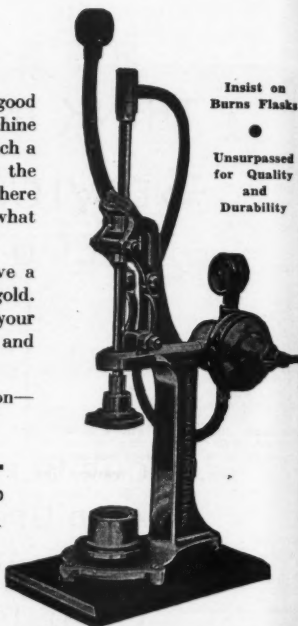
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Please send complete information concerning the Laboratory Favorite and your other dental products.

Dr. ....

Address .....

Dealer .....



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Unsurpassed  
for Quality  
and  
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## NEO DENT-COAGULANT UNIT

Another achievement of Dr. Ewing P. Brady of the Washington University, originator of Neo-Balsam Compound, Neo-Capper, Neo-Siltrate, etc.

No more suffering from thermal changes under gold or jacket crowns or large inlays.

No more sensitive dentine such as acid eroded teeth, sensitive gingival margin areas, sensitive exposed pyorrhoeic roots or under metal clasps.

No more cavities left unsterilized permitting capillarity or recurrent decay.

These disorders can now be treated successfully and permanently with NEO DENT-COAGULANT UNIT which first sterilizes then coagulates the treated area with a coagulum so complete and dense that it functions similar to the enamel. That is, it protects the pulp from all irritation. The coagulum thus formed is not affected by the saliva or body fluids. It is impervious to the acids of the cements, bacterial or thermal changes. In fact, even methylene-blue can not penetrate it.

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A. A. BROWN DENTAL MFG. CO.

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For Sale by all First Class Dealers

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Dealer's name ..... City .....

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Upper is cushioned on the ridge and lined over the entire inner surface. With the cushioned ridge, Flex-O-Tite prevents irritation on the ridge from pressure behind the teeth, under stress.

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**\$1.60 per ounce, or, save 20 cents per ounce and buy 5 ounces for \$7.00.**

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Attractive discounts on quantities



Illustrations B and C show two views of a Gold Grip Facing. B shows the mesio-distal view of the tooth with the wings which can be bent as in illustration C, the lingual view, for an undercut to hold to the rubber.



Ask your dealer for Complete Catalog

**Masel Dental Laboratory**

1108 Spruce St.

Philadelphia, U. S. A.

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"As enduring as  
its name implies"



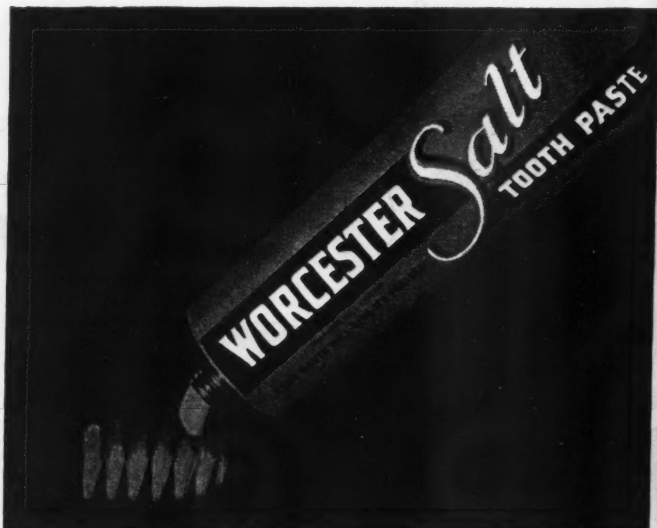
It's NEW... The newest idea in dental metallurgy and as enduring as its name implies. Williams FORTY-NINER with Indium is a partial denture gold designed for modern needs: a rich, yellow gold yielding smooth, dense, springy casting of highest quality—a casting you can well be proud of. Yet this new gold costs only \$1.71 per dwt.

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*{Continued from front of book}*

"The half-inch skirt that you have added to Oral Hygiene with the September issue gives it a grown-up appearance. The new page size, it seems to me, adds to the favor of the book. The new cover design is an improvement over the old one and the heavier stock somehow seems to have enabled your printers to do a better job. All of the above is just another way of saying I like the new 'Sunday clothes' of Oral Hygiene and wish for it continued success."—W. B. JOHNSON, Bristol-Myers.

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"I think you have made a tremendous improvement. I just took one of the older issues and laid it alongside the new one; the improvement is really striking. You have achieved something more readable, something more presentable, and—from an advertiser's standpoint—something perhaps more valuable . . ."—P. D. L'HOMMEDIEU, Johnson & Johnson.

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". . . I was immediately startled into seeing a new setup. So you see, it [the change] is noticed by other than members of your staff."—E. DICKINSON, Occy-Crystine.

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"This new, redesigned issue, with its modernistic cover, certainly shows improvement, and you are to be congratulated."—ROSCOE F. TURK, Pearce Dental.

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"It really is a big improvement . . . and I congratulate an organization that is as old as yours and still has so many young ideas."—DOROTHY NOYES, Vice President, Redfield-Johnstone, Advertising Agency.

"... we also take this opportunity to congratulate you on Oral Hygiene's new dress. The appearance of the magazine is materially improved, and we wish for it an ever-increasing success in its endeavor to further the interests of dentistry."—B. H. RECTOR, Sales Mgr., Ney.

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"The new page design certainly is a major improvement and one which is sure to be appreciated by all of your readers. The new cover, too, should help to lengthen the life of each copy of Oral Hygiene."—HOWELL G. EVANS, American Cabinet.

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"The new Oral Hygiene is a pleasure to behold! In fact, it is a sight for sore eyes. Now, there is more truth than poetry in the latter quip. The new type makes it much easier to read, which no doubt is just exactly as you intended. Congratulations from Howard and Henry."—JOHNSON-STIPHER, Inc.

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"... was agreeably surprised. Although it is only a half inch larger in length and breadth, it looks a thousand per cent better."—A. LAUER, Burns Casting Machine.

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"I do not read Oral Hygiene but am sure that if its content is as good as its improved appearance, we should get a better return than ever from our copy. As a fact, we have always had a good response and we wish you continued success with your new dress."—J. P. WHITERS, Alkalol.



"You are to be congratulated on the appearance of the publication, particularly the larger size and design of cover which I think is very effective. The text matter and the editorial section are far easier to read."—ALLAN McLERAN, Bard-Parker.

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"A cleaner sheet and added white space certainly improve any publication and the new issue of Oral Hygiene should meet with general approval. Frankly, it looks as though it has been through a laundry; the type faces are sharper, cleaner and much easier to read. Even the cover is far more attractive—and congratulations are in order!"—A. G. WAHLEN, Dee.

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"Congratulations on the new Oral Hygiene 'package.' I think it is swell."—HENRY M. BRANSTATER, Branstater-Hammond, Advertising Agency.

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"Received the new dressed up Oral Hygiene and congratulate you on the good job you have done. The appearance is now in keeping with the contents. We feel that the new paper, new type and setup will make a much more appreciated magazine. Congratulations and best wishes for its continued success."—W. B. HOLMES, Ames Co.

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"The new Oral Hygiene is most attractive and it should largely increase the interest in your successful publication."—N. K. GARHART, Garhart Dental.

"... the distinction and class of its sister magazine, The Dental Digest... Congratulations to you on the beautiful results of redesigning you have given to an old favorite. You and your staff have every reason to be proud of the new distinction you have given Oral Hygiene."—H. J. CHOTT, Crescent Dental Mfg. Co.

"The increase in size seems to me to be the biggest advantage.... Your cover on the September issue is very 'tasty.' The new book is quite an improvement over the old one and you should be, as no doubt you are, very proud of your new 'package.'"—HARRY G. MUMM, Columbus Dental.

"I just received the September edition of Oral Hygiene, redesigned, and I am pleased to state that it represents a distinct improvement over the previous issues. The cover itself appears more modern in its streamlined effect and because of its increased size, it offers the manufacturers greater possibilities with respect to the appearance of their ads."—MURRAY JOSIAS, McCormick Rubber.

"Think the new Oral Hygiene is a commendable improvement over the old. It encourages us to prepare better looking (and, we hope, more effective) advertisements."—C. G. JENKINS, Addison Vars, Advertising Agency.

"I have seen Oral Hygiene in its new package and think it is a grand job. Congratulations."—ERIC HARTELL, Forhan Co., Inc.